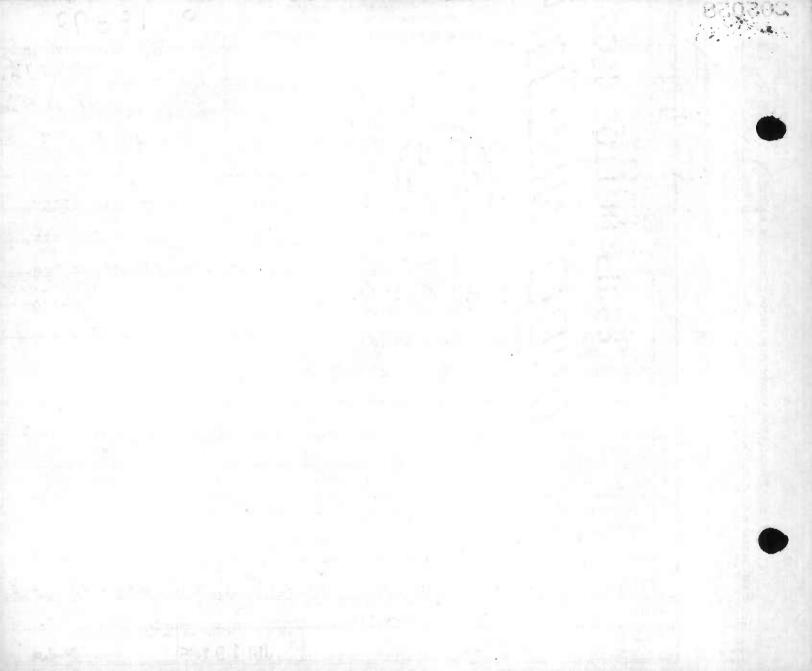
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A S NE A S NE FILED W	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NU	RSING HOME				2a. USUAL OC	CUPATION I	TYPE OF WORK	176. KIND OF BUSINESS	ND.
	2	ATONSV	ILLE	6003	BOOK	ER ROA	A D			FOR MOST OF	WORKING LIFE		OR INDUSTRY	
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DEATH.	1	Belfor	d		Palme				nnie		MIGGLE	न	itchett	
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ON SERVICE NAME ON SERVICE NAME OF SERVICE NAM		I AKITE		TE CAUSE (a)	2,0	1 V.	W						GEARC	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STATES DEATH, WATH THE STATES DEATH AND A STATES	23a.8	SURIAL, CREMA	TION, REMOVAL			AME OF CEA	AETERY OR	CREMATOR	Y 2	23d. LOCATION	V	COUN	TY STATE	=
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(VR A15 ME (5)) 15M 2/80	Wr	n C MA	rch F/H	Inc. 1	L01 F	Nort	h Av	enue	JUI	1919	85	a Lavid	lson-Randall	



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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, th

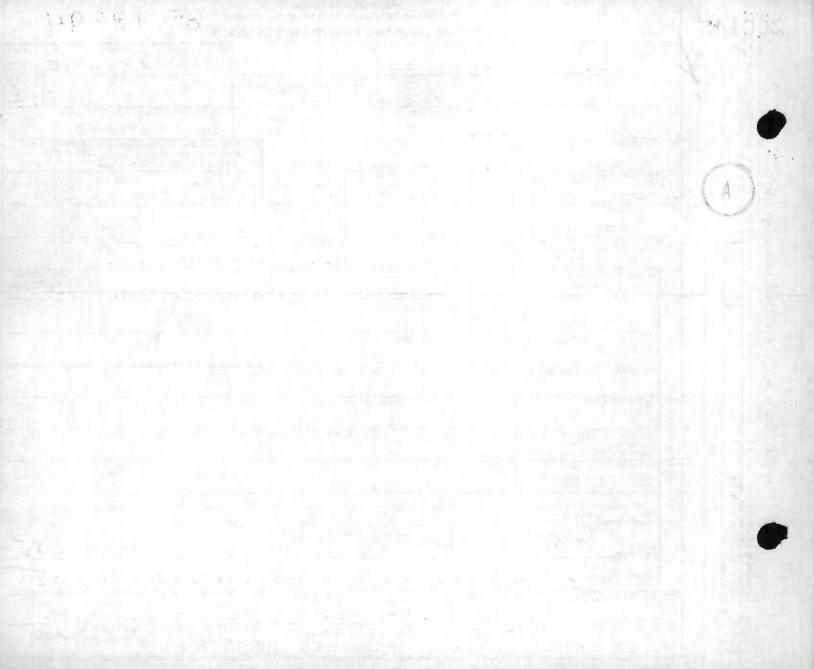
STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEP				53 1	10.		9	3 (9 7
1		CEASED NAME	FIRST	or to	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR .
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7	Be	altimore, 1	d.	U.S	.A.				Baltim	one (ount	,,		MD.
	10 CI	TY OR TOWN OF DEA	TH 11.				OR OTHER INSTITU	NOIT	12a USUAL OCCUPAT	ION	12 b.	KINDO	F BUSIN	-
5	-	TOWSON		ST	JOSEPH	HOSPI	TAL		City of	Balto	LIFE) IND		tire	d
-		TATE	136 COUNTY				134 INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE			
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y	14 FA	THER'S NAME	MIDE	DLE _	LAST							LAST		
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2		AS DECEASED EVER	IN U.S. ARMEL		166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDR	ESS	h.			
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		underlying couse		(c)										R?
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		22b. SIGNATURE	ल्डा (did not) vi	iew the body	olter death.									
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		22d. PHYSICIAN'S NA	LXON	HIL	15			1 55	. PALL	sT.	Be	LTO	2 2	1218
	23a B	URIAL, CREMATION, SPECIFY Burial	REMOVAL 2	7-20-	85	Dulane	LEMETERY OR CRE	em.	Balto.	Md.	COUN	TY	5	STATE
	24 FL	ohn . Mi	ller Inc	c-6415	Belai	n Rd21	1206	25a DAJE	JL23 BB	25b. REGIS	STRAR'S	SIGNAL	panda	

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE							0-	100	011
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NOUR NOUR NOUR NOUR NOUR NOUR NOUR NOUR	The second second		Thite	10-11-06	78 YR	- Inc		DEAD		61985 75N
SET		RTHPLACE (STAT	E OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED NEVER M	ARRIED 44	LTIMORE CITY O	OF COUNTY OF	DEATH /
A 2 1/3 2		aryland	DEATH	U.S.A.	PITAL NURSING HOME	OR OTHER INSTITUTION	ORCED L	CCUPATION (TYPE		MD KIND OF BUSINESS
		Woodstoo	k	10635 01	d Court Roa	d 21163		OF WORKING LIFE)	EOF WORK 1135	OR INDUSTRY
1201	13a. S		13b. COUN Woods	ITY	13c. CITY OR TOWN Baltimore	138 INSIDE CITY LIMI	13e. STREET A	Old Cou	rt Road	21163
. wo. 2	14) FA	THER'S NAME FIRST	A. Pe	MODIE	LAST	15. MOTHER'S M	ephine	MIDDLE	Oliver	LAST
AORE AORE	16a. V	VAS DECEASED E	VER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY		Mrs. Agne	s Pearenss	Norris	
ALTIN SINE SINE VISIO		No	17 (17 12.5.7)		220-48-988		x 654 Leo			20650
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DELITY RITING THE WORD. "PENDING" IN TEM 18. GIVE A GED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM THE 3 SHOULD BE USED AS A BURBAL-TRANSIT PERMIT. PASSES 3 AND PROPERTIENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, gave rise cause (a) st lying cause	if any, which to immediate ating the under-last.	TE CAUSE (a) TO OR (b) DUE TO, OR (c)	AS A CONSEQUENCE O			PAR DIS	2132	BY WEEN ON SETAND DEATH
RECORD UID BE EXPENDING F MEDIC F MEDI	CERTIFICATION	19a. DATE OF O		1.65		TION WAS PERFORMED?			120.	. AUTOPSY?
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SION OF VITA RTIFICATE SHC IG THE WORD IS TO THE CH SHOULD BE UP PARTMENT OF		210 EXTERNAL UNDERLYING	CAUSE WAS OR CAUSE OF I	21b. TIME OF HOUR A.M DEATH P.M.	INJURY MONTH DAY YEAR	21c. HOW INJURY OCC	URRED LENTER NATURE	OF INJURY IN ITEM 18 I	PART 1 OR PART 2)	
DIVISION THIS CERTIFIC E. WRITING THE RAVARDED TO PAGE 3 SHOU STATE DEPART	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	СПҮ	OR TOWN	COUNTY	STATE
EDICAL EXAMINER; TIE THE CERTIFICATE, A SHOULD BE FOR NERAL DIRECTOR; BORTH, WITH THE SAORE, MARYLAND, 21			rom Natur	ge of the remains described for the remains	Accident , Suid		Undetermini Y) MEDICAL			7-16-85
TO MI PAGE PAGE BAFTER	23a.B	JRIAL, CREMATIC	N,REMOVAL 2	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATH	ON	COUNTY	STATE
BP	В	urial		7/20/85		onsus Cemete	ry Woods	tock, B.	altimor	e, MD.
DHMH - 17 (VR A15 ME (5))						ors, Inc. 250. D			ISTRAR'S SIGNA	Mandall.
15M 7/77	87	28 Liber	ty Road	l Randall	stown, Mary	land 21133	311221	985		



193032 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME FIRST TYPE OR PRINTI 07 06 1985 12:30 PM PEASE MARY Helen 4. RACE IF UNDER I YEAR 1:5EX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) E LINDER 24 HRS MONTH YEAR Female 11 Caucasian 27 TO BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Indiana U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GBMC 6701 N. CHARLES STREET TOWSON Archdioseses, of Secretary JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Baltimore YES [X] 2939 Keswick Rd. 21211 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gordon Helen Pease Weatherwax 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2939 Keswick Road (YES, NO OR UNKNOWN) Linelle LaBonte 311-24-8612 Balt. Md. 21211 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: HODGKIN DISEASE IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 6/22/85

upper gastrointestinal bleeding YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 06/02 85 , and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated saw the deceased alive an. abave, (1) (we) (did) (did not view the bady after death

22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

A. Alan Seitz Funeral Home Balt., Md. 21211

GBMC 6701 N. CHARLES STREET TOWSON MD 21204

22c DATE SIGNED

DR. KULDIP S. UBEROI 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY July 9. 198 Dulaney Valley Mem. Gdns. Baltimore, Maryland Burial

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3818 Roland Ave.

DHMH - 16 60M 7/B4 (VRA 15. 4)

FOR

- STATE

COUNTY STATE CITY OF TOWN and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN 22d. PMYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial Md. Oak Lawn Balto. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Funeral Home 300MaceAve. 21221

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

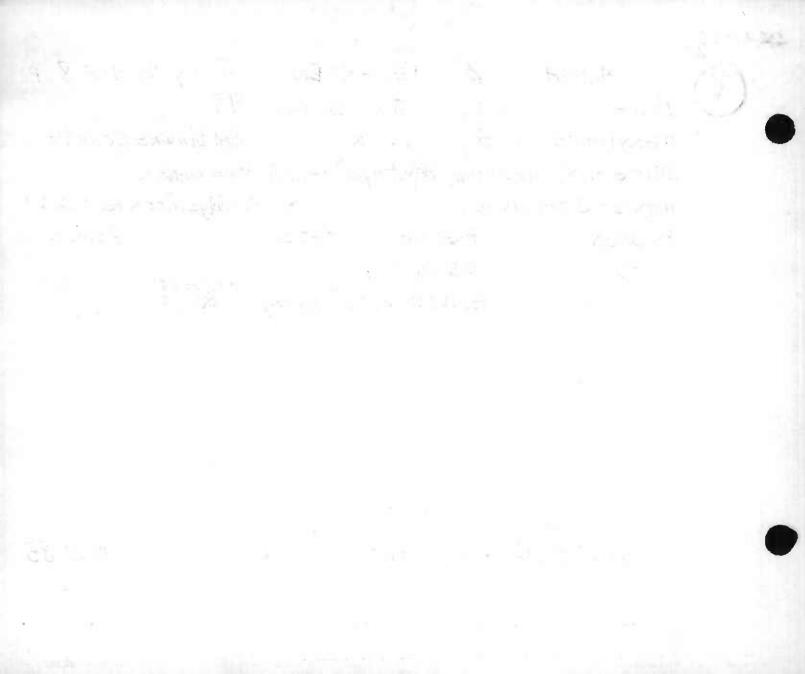
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

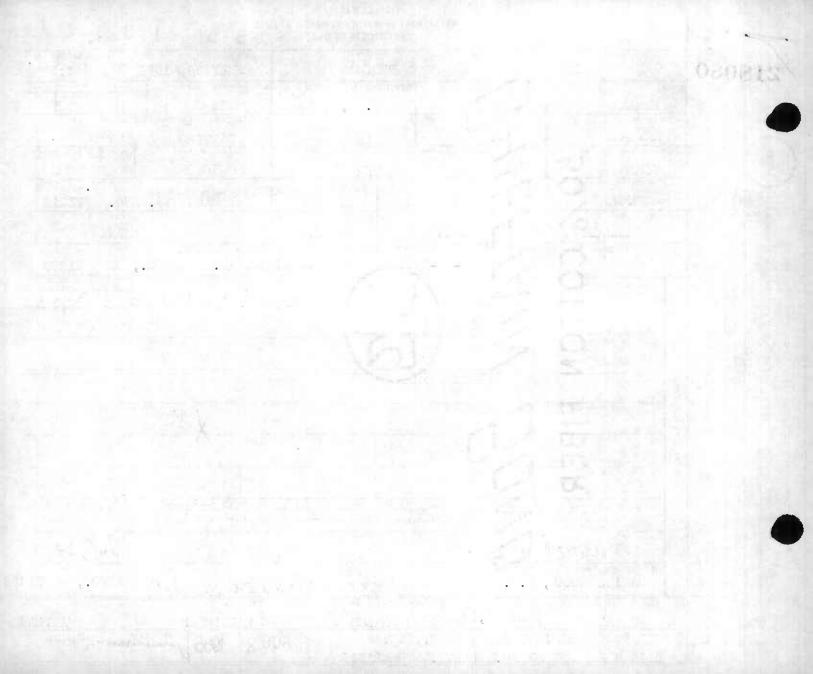
YES [

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

should be with the S





Julia Davidson-Randall

George J. Gonce 4001 Ritchie Hgwy Balto Md

DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5EG. NO.	
LAST	20. DATE OF DEATH MONTH) 4
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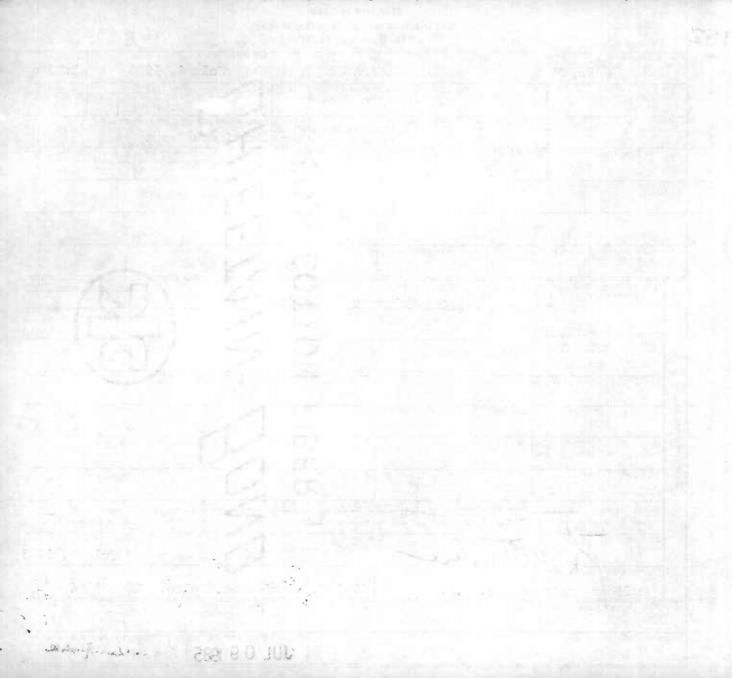
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203235	1	FOR STATE			DEPARTM		CATE OF DEATH	0 5	1 0	10 0	0 0
	1.00	REGISTRAR	East.		MIDDLE	CERTITI	CATE OF DEATH	Ŭ ⊒kEG. N		YEAR 12h	7
16 00 1		CEASED NAME	5951		- 1		51	2a. DATE OF DEATH	MONTH DAY		HOUR 45
K 11 /2	1		seph.		ouisPlace	-			13/84		DPM
10	3.58	X	U	4. RACE		5. DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF U		UNDER 24 HRS
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2 + 2 P/	70.8	BETHPLACE INTEREST	PORION	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
		Maryland		USI	4	WIDOWED		Baltim	DRE. COU	ntu	MD.
1 11 (10)		ITY OF TOWN OF DE	ATH	11. NAME OF			ROTHER INSTITUTION	12g USUAL OCCUPAT	ION I	12h KIND OF BL	JSINESS OR
1376	11	owson		Stelly	MARIS	HUSK	3010	Vice Pres	sident	U.S.F.	&G.
1 tilled in	13e.	al RESIDENCE IF YOR STATE aryland	Na COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimo	ADMISSION)	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2227 Ches	/ZIP CODE sterfiel	d Ave.	21213
1 10 10	14, E	ATHER'S NAME		etions.	LAST		15. MOTHER'S MAIDEN			LAST	
ittu	2	Joseph A.	Plach	nt			Martha				
9 9 90	Hin.	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	1605	ESTemple	ton Rd.	- 20
1	K	No			215-07-	8552	Mrs. Anne P	Lyons Tows	son. Md.	21204	
1 102.00		18 CAUSE OF DEAT PART I. DEATH V	H (Enter onl	y one couse per	line for (o), (b), one		15.27		MARCH A	APPROXIMATE BETWEEN ONSE	T AND DEATH
A MARINE		PARTI. DEATH V		E CAUSE (o)	CARDIOVA	tsculr	ARREST				
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deo den den		Conditions, if ony					ncer with	METASTASIS			17 1
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1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	1,	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	ADITION GIVEN I	IN PART 110	
# #### <u></u>	ATTION	10-11-5	200								
1 11160	N.	19 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	ERE FINDINGS G CAUSES OF	USED DEATH?
46 454 24	1 =							YES NO	YES [] N	10 🗆
41 311 m	8	210 ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN)	URY IN ITEM IB PART 1	OR PART 2)	
Sp total	S	(IF EITHER NOTIFY MED			M.	19	Service of the				
11 13 3/	MEDI	21d INJURY OCCUR		21e. PLACE	OF INJURY	APAG FIC \	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
0 to 1 to 10	1	AT WORK NOT WE	ORK								
- A de la	1	220 I certify that 44	(this hospite	ol) ottended th		7	17 , 19 8.	, to	2/13.19_	85, that	(1) (we) lost
E 6 6 5 1 5		sow the deceos obove, (I) (we) (ed olive on_did) (did not	I view the body	ofter death.	25 . one	that in (my) (our) opinio	on death occurred on the c	late and hour one	d from the cous	es stoted
Men		226. SIGNATURE	100		٨	250	EGREE			22c. DATE SIGI	NED
A PART OF THE PART		L a	104	all	lener	MA	ATTENDING PHYSICIAN	MEDICAL STA	CIAN -	7/13	185
SP A P A P A P A P A P A P A P A P A P A		22d. PHYSICIAN'S N			W D		22e ADDRESS Stel	la Maris Hos	spice	1	
D Fundament		Kendall	. K. Fa	aulkner	, M.D.			y Valley Rd.		, MD 21	204
50 22134	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE			METERY OR CREMATOR			111 = 8	
BP		Burial		July 1	16,1985	Dulane	ey Valley	Timonium,	Balto.	Co., M	d. STATE
	24 F	UNERAL DIRECTOR			6	E00 37	250. D	ATE REC'D. BY REGISTRA			

DHMH - 16 60M 7/84 (VRA 15, 4)

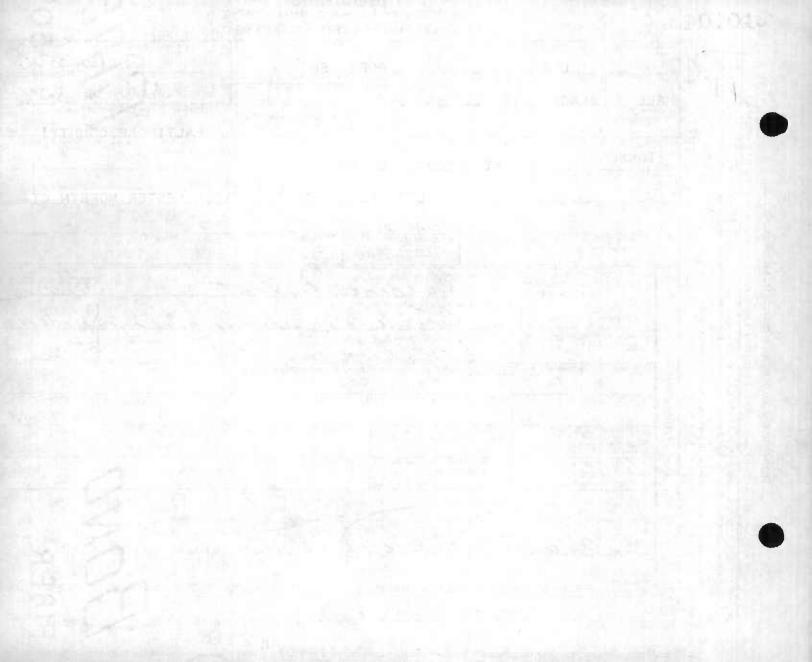
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

JUL 1 8 1985 Julie Davidson Mandage

02157	FOR STATE	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 5	18900
DE TO	REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) RUBEN	(REUBEN')OLE	PLEASANT	July 1,	1985 7b. HOUR 1:20 p.
ofter doc	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
77 hours	Male 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	BLack 76 CITIZEN OF WHAT COUNTRY? U.S.A.	B MARRIED NEVER MARRIED WIDOWED H DIVORCED	9 BALTIMORE CITY OR COU Baltimore Cou	
1	TOWSON	GREATER BALTI	MORE MEDICAL CE	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) NTER	176 KIND OF BUSINESS OR INDUSTRY
nout be no see a s	Maryland 130.STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE PUNTY 13c. CITY OR TOWN Baltim	Ore YES NO		code Ley Avenue 2121
300	Ruben	Pleasant	is. Mother's maiden na First Mary	ME MIDDLE ADDRESS	Green
1/1/	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (1F YES.	ARMED FORCES? GIVE WAR OR DATES) 16b SOCIAL SECUT 419-07			Shirley Avenue
cen signed by the offer it. Their pleose remove to to burnol, cremotran by mjury, or other froun	- 60		NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		N GIVEN IN PART 110
one has be must perm Voleme pr	190. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING				ERTIFYING CAUSES OF DEATH? YES NO
otherding phy ter this certific to the boughts weed or them 18	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 71d. INJURY OCCURRED HILE NOTIFY MILE AT WORK	DEATH HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
ECTOR At differ use of it of Health m 21 is ma	270.1 certify that (1) (thus had saw the deceased the abave, (1) (we) (did 17b. SIGNATURE	soital) attended the deceased from and	June 22 , 19 85 85 , and that in (my) (our) opinion	, toJuly l death accurred on the date and	19.85 that (I) (we) last have and from the causes stated
by the h	22d. PHYSICIAN'S NAM	Justinglen	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	T.1 2 1001
TO FUN should be with the IMPORT	Rudiger Bre	itenecker, M.D.	6701 N. Char	rles St. Balto.	
BP	(SBURIAL 24 FUNERAL DIRECTOR		ng Memorial Par	k Randallst	GISTRAR'S SIGNATURE
MH - 16 60M 7/84 (VRA 15, 4)		arch F/H 1101	E. North Ave. 1	JL 0 9 1985	· in the fandall



					7.00		E OF MAI						
210104		FOR STATE						ND MENTAL					
TO MO MO	-	REGISTRAR			MEDICAL	EXAMIN	ER'S CER	RTIFICATE	OF DEATH	REG. NO	0. 2 - 7	n	
		CEASED NAME	FIRST		MIDDLE		LAST			ATE KNOWN	MONTH DA	Y YEAR	26. HOUR
w	(TYP	E OR PRINT)		E	Sennet	t _				OF ESTI-	Tules	2-85	183
2055	3. SE)		RACE	5. DATE OF BI	(B)	6. AGE (IN YEA	OPE RS IF UNDER	SR JIE LINIE			MONTH D	AV VEAR	M HOUR
	3. SE/	1	KACE		DAY YEAR	LAST BIRTHDA		DAYS HOURS		DATE NOUNCED		0	i 153
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CESS NERAL FOR Y	7a. B	RTHPLACE (STATE	OR	76. CITIZEN O	F WHAT COUN	VTRY?	8. MARRIED	NEVER MAR	RIED 9. BA	LTIMORE CITY	OR COUNTY O	FDEATH	
FOR FOR	,	N.	C.	USA	1		WIDOWED			BALTIM	ODE CO	TIMETY	MD.
25063	10. CI	TY OR TOWN OF	DEATH	II. NAME OF	HOSPITAL, NU	IRSING HOME	OROTHERI	INSTITUTION		CCUPATION (TYP	E OF WORK 12b.	KIND OF BUS	INESS
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21201		MD			BA	LTIMO	RE Y	ES Dy NO [122	6 N. Br	oadway	212	213
2 = 2 = 2	14.8	ATHER'S NAME		-cmark				MOTHER'S MAI	DEN NAME	MEDIE	-	1402	-
WD.	1	Norman		S.	Pope	e, Sr.		Ella		G.		LAST	
S S S S S S S S S S S S S S S S S S S		WAS DECEASED E	VER IN U.S. AR			CIAL SECURITY		INFORMANT		ADDRESS			-
BALTIMORE, INS. APTEM CR. COVE PAGES 1/AP PA	10	ES. NO. OR UNENOWN	T. THEY GIVE	WAR OR DATES	242	-42-56	80 F	Ella M.	Pone	1226	N. Bro	rewber	,
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E + . U < E		FAMILIDEAL		TE CAUSE (a)	00	erde	oc.	an	RET		-	Seeda	est
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BE OBE NO BE AS A ALTH	CERTIFICATION												
SHOULD SHOULD SHOULD CHIEF A E USED OF HEA	3	19a DATE OF OF	PERATION	19b. CO	NDITION FOR	WHICH OPER	ATION WAS	PERFORMED?			2	0. AUTOPSY?	
DIVISION OF VITAL R SCERTIFICATE SHOUL RITING THE WORD "P ROED TO THE CHIEF E 3 SHOULD BE USET E E DEFENTION OF P PRICE TO ILURAL, CR	Ē											YES 🗌	NO
OF V ATE S THE LD BI	8	210. EXTERNAL	AUSE WAS		E OF INJURY		21c. HOW	INJURY OCCUR	RED LENTER NATUR	OF INJURY IN ITEM 18	PART I OR PART 2)	-13-27 ()	4
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24682E2		WHILE AT WORK	T WORK		5 165 1								
E: THIS TE, WRI	6			ge of the remain	described ob	ove held on	Autopsy	Inspect	ion . In	quiry , or	nd in my opinio	2	
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EXAMINEI CERTIFICA JLD BE FO DIRECTOR WITH THE ARYLAND,		death resulted	Trong July	fol courses 🖎	Accident	L, ow	cont.	Tromic C	Undetermin	ed monner [],		1	/
PULD CER		ACTUAL A	M.	0. TA	7.		- 1	TULE	1		DATE 7	1/ 1	-
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MEDICA CUTE TO SE 4 SF FUNER ER DEA		EXAMINER'S NA	445					///	/			1	
A S W E RE		(TYPE OR PRINT))				ADO	DRESS				10.00	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, NAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STITLE OF MARYLAND, 212	23 a. B	URIAL, CREMATIC	N,REMOVAL	23b. DATE	23c.	NAME OF CEA	AETERY OR C	REMATORY	23d. LOCAT	ION			
	(:	Burial	0.31	7/26/8							Mille	Md STA	
BP	74. F	UNERAL DIRECTO	OR .	1/20/8) G	arrisc	DULOTE	25a DAT	E REC'D. BY REG	Owings	STRARTAGICA	Handall	,
DHMH - 17 (VR A15 ME (5))		NAME			DRESS			11	JL 24 19	85	CATO LATINA	1	
15M 7/76		Wm C Ma	arch F	/H	1101	E. Nor	th Av	re Jl	JL 4 7 10	oo q		7 1 3	



STATE OF MARYLAND 214149 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) DEATH MATED Porter. Sr. Marvin 6. AGE IN YEARS | IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS. 3. SEX 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED 1937 DEAD ale White 48 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH # BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore County USA WIDOWED [DIVORCED -Maryland O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Foreman-Tandam Mill-Beth. IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital Rossville WAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 7605 Babikow Rd. a. STATE 13b. COUNTY 21237 Baltimore NO X Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Hellman Evelyn Porter. Sr. Harry 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jeanne E. Porter 7605 Babikow Rd. 21237 212-34-6441 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide Undetermined manner EXAMINER'S NAME Charles F. O'Donnell 7501 York Rd. Towson, Md. 21204 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Burial Parkwood Cemetery Baltimore, Maryland 7401 Belm KR 30. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) BALTO Mp. 2 1230 15M 7/76

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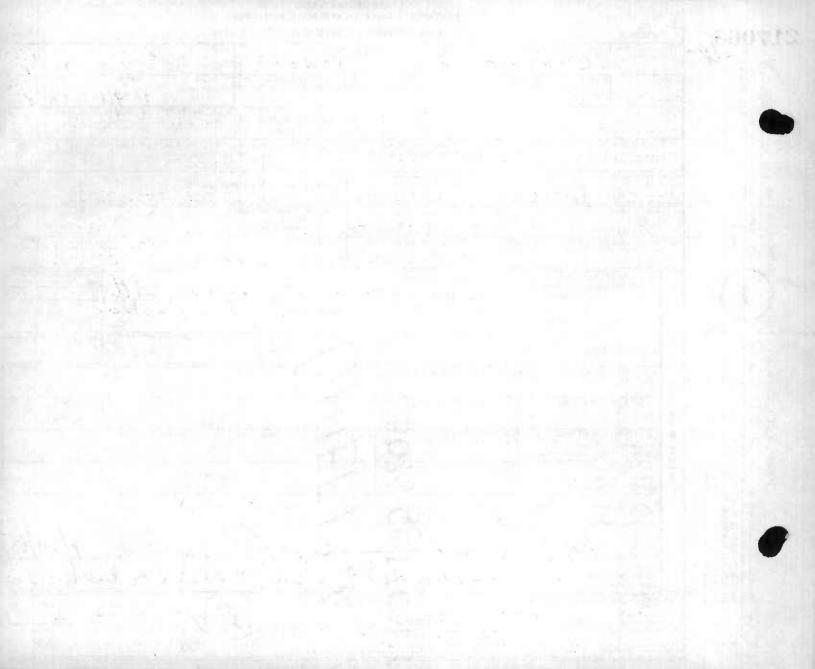
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1	FOR		DEPARTMENT OF	HEALTH AND ME	NTAL HYGIENE			
	STATE REGISTRAR	M	EDICAL EXAMI	NER'S CERTIFIC	ATE OF DEAT	H REGINO	. 9 9 6	7.
	ECEASED NAME CYT	Thia HIA	M.	Powers	ERS 2	OF ESTI-	7/28 19	YEAR 26 19
3. SE	4. RACE	5. DATE OF BIRT	H YEAR LAST BIRTH	YEARS IF UNDER 1 YR. II		DATE	ACHIE DAY	YEAR 2d.
	male Whit					DEAD 7		15
	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED XNEVE	ER MARRIED . 9.	BALTIMORE CITY O		
	Maryland	USA		WIDOWED -	DIVORCED	Baltimor	e County	Y
	ort Howard		OSPITAL, NURSING HOA TOO OF SAFETY CORESS	AE, OR OTHER INSTITUTION (CO.) 21052	FOR MC	LOCCUPATION (TYPE ST OF WORKING LIFE) LSEWIFE	OF WORK 12b. KIND OR IN	OF BUSINES DUSTRY
		NG HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS		TIMITO 1130 STREE	T ADDRESS		
-		Baltimore		vard YES [Todd Av	e. 2105	2
14 6	FATHER'S NAME	MIDDLE	LAST	15. MOTHER	'S MAIDEN NAME	MIDDLE	LAS'	7
	Alonzo	M.	Dillia		rgaret	M.	Dive	
160.	WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECUR			ADDRE	t. Howar	rd, M
	No	TES, SITE TEAR OR DATES	217-82-8	667 Denni	s H. Pow		Todd Av	
	18. CAUSE OF DEATH (Enter anly ane cause per li	ne fer (a), (b), and (s'		A -		APPRO	DEMARK BUT
	PART I DEATH WAS	CAUSED BY:	(ax cin	mue 1	(ex	orx "	The METWEE	N CHIEF AND
	IA.		OR AS A CONSEQUENCE		0-0-0	4	1	
	Canditians, if any	, which		gene	didistra	meis	vi kup.	
	gave rise to im cause (a) stating th		OR AS A CONSEQUENCE	OF .	9			_
	lying cause last.	boc ro, c	W WO W COMPERSE	OF				
H	PART 2 OTHER CICNIFICANT CO	TO OF THE PROPERTY OF THE PROP	THE BUT HOT BELLTED TO THE YES					
z		DNOITIONS CONTRIBUTING TO DEA	IN BUT NOT KELVIED ID INE IEI	MINAL DISEASE OR CONDITION (GIVEN IN PART 1 (a).			
CERTIFICATION	190. DATE OF OPERATION	ON 196. CON	DITION FOR WHICH OPE	ERATION WAS PERFORM	ED?		20. AUT	OPSY?
FIC								
ERT	21a EXTERNAL CAUSE	WAS 216. TIME	OF INJURY	121¢ HOW INTURY C	CCLIPPED SENTERNA	TURE OF INJURY IN ITEM 18 P.		D NO
	UNDERLYING -OR	HOUR A	M. MONTH DAY YEA	AR I	CCORRED (EMERICA	ONE OF WOOR IN TENTION	ANT TONTON(E)	
MEDICAL	CONTRIBUTING CAI		.M. 19 E OF INJURY (AT HOME.	21f. LOCATION				
ME		HILE STREET, FA	ACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	S
	AT WORK AT WOR	K U						
	22a. I certify that I to	ak charge af the remains d	lescribed abave, held an	Autapsy ,	Inspection X,	Inquiry X, and	d in my apinion	
	death resulted fram:	Natural causes	Accident S	vicide . Hamicid	de Undeter	mined manner .		
	1	04/1	1	TITLE (SPE	1			1
	ACTUAL SIGNATURE	24/4/	m	- MD De	anky	AL EXAMINER	DATE 7	129
-		1		0	- MEDIC	AL EXAMINER	SIGNED	1-1
	(TYPE OR PRINT)	K.S. AI	4LUWA	LITADDRESS !	2112 Dec	nealk 1	to bull	, 21:
23a.	BURIAL, CREMATION REM	OVAL 23b. DATE	23s. NAME OF CI	EMETERY OR CREMATOR	Y J23d. LOC	ATION		
F	(SPECIFY) Burial	8/1/85	Crest		CITY OR	esville	LOUNTY	Md
	FUNERAL DIRECTOR					EGISTRAR 256. REGIS		
	NAME	ineral Home	Ave. Dund	lark, MD Z	TZ AUG 1	1000	a Daydon-	Pando
/ 6	AUG TUUCK I'L	MICTAL HOME		ILK, IIIC.				1



00/44		FOR			DEPART/		OF MAR	YLAND ND MENTAL	HYGIENE				
59111		STATE REGISTRAR		ME	DICALI	EXAMINE	R'S CER	TIFICATE	OF DEAT	TH RES	, NO	0.0	-1
	1. DEC	EASED NAME	FIRST		WIDDIE		LAST		0 20	DATE KNOW		H DAY YEA	R 2b HOLA
	(TYP	E OR PRINT)	DOI	RIS	0		DDT	CE		OF ESTI-		17 . 7	731040
EEE C	3. SEX	IA R	ACE	15. DATE OF BIRTH	G.	6. AGE (IN YEAR)	PRI		ER 24 HRS. 2		MONTH	DAY YE	AR 24 HOLE
151				MONTH DAY	YEAR	LAST BIRTHDAY)		DAYS HOURS		RONOUNCED	1	19 0	.36
4			ite	March 2						DEAD	1	1900	IU AN
N	7a. BI FO	RTHPLACE (STATE REIGN COUNTRY)	OR .	76. CITIZEN OF W	HAT COUN	TRY?	MARRIED [NEVER MAI	RRIED	BALTIMORE CIT	Y OR COU	NTY OF DEATH	
10	Ma	ryland		U.S.	Α.		WIDOWED 1	DIVO	RCED 🗌	Balt:	imore	County	MD
14	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HOS			OR OTHER IN	NSTITUTION		LOCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK	12b. KIND OF OR INDU	BUSINESS
K)		Catonsvil	le		ak For					ewife		Own Ho	
0	USUA	L RESIDENCE (IF IF	NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSION						10wii iic	/IIIC
1	13a. S	ryland	13b. COUN	timore		or town tonsvil		INSIDE CITY LIMITS?		4 Oak Po	roct	21228	
£		THER'S NAME	Dal	CIMOLE	La	COHSVII		MOTHER'S MAI		- Vak EO	rest	71770	
4	17 64	FIDST		MIDDLE		LAST	13. /	FIRST	DEN NAME	MIDDLE		LAST	
1		Albert				dstone		Fay				Younkir	ıs
1	16a. V	VAS DECEASED EN		MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY		NFORMANT		ADD	RESS		
		No			213-	-05-672		Robert	S. Pri	ce Sa	ame as	#13	
		18. CAUSE OF DI	ATH (Enter on	ly ane cause per line	far (a), (b)	, and (c).)		1				APPROXIM	ATE INTERVAL
		PARTIDEATH	WAS CAUSE	D BY: TE CAUSE (a)	Pelous	To Co	GAM	10				3 000	
			DAGACOIA		AS A CON	ISEOUENCE OF			SELLE			0	
REMOVA			if any, which										
OR R			ta immediate	(b)	ASACON	SEQUENCE OF							
	1	lying cause le		J DOL 10, OK	AS A COIL	SECOLINCE OF							
		DARY O DANIES CICHIES		(c)									
	7	PAKI Z DIHEK SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMINA	L DISEASE OR C	DNDITION GIVEN IN	PART I (a).				
-	ē												
1	S	19a. DATE OF OP	ERATION	196. CONDI	TION FOR V	WHICH OPERA	ION WAS PI	ERFORMED?				20 AUTOP	SY?
Incom	E									- 2		YES [NON [
2	CERTIFICATION	210. EXTERNAL C	_	21b. TIME O		DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR I	PART 2)	
3	X	UNDERLYING CONTRIBUTING	OR CAUSE OF			19							
	MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOCATI	ION					
	X	WHILE AT WORK	OT WHILE	STREET, FAC	TORY, FARM, ET	rc.)	STREET			CITY OR TOWN	C	COUNTY	STATE
		AI WORK A	WORK							- T			
		22a. 1 certify th	at I taak charg	ge of the remains de	scribed aba	ve, held an	Autopsy	, Inspec	tion .	Inquiry 🔼	and in my	apinian	
		death resulted f	ram: Natu	ral causes,	Accident	, Suici	de 🔲,	Hamicide .	. Undeter	mined manner],		
		N 81 4750 4 544	241	-11	0		Т	TITLE (SPECIFY)				,	1 -
13		ACTUAL SIGNATURE	2460人门	Dellar V			M.D	De Note	MEDIC	AL EXAMINER	DATI	E 7/7/	80
4		MOTOR CIVE	P	. /	1	14. 0	- 1//100	17	, MEDIC		Suite	8A	
	~	(TYPE OR PRINT)	ME STOT	16 2 Fel	500 60	ero Mil	ADDI	RESS 11	E. Ch.	ase Stre	et, Ba	ltimore	, Md.
-	23a.B	URIAL, CREMATIO	V.REMOVAL	IN DATE	23c N	AME OF CEME			123d. LOC	ATION			
	(5	Crematio		7/8/85		stview			CITY O	RTOWN	_	UNTY	STATE
	24 FI				WE	STATEM	Crema	25n DAT		atonsvil REGISTRAR 1256. R			Md.
	Ler	OME M. &	Russell	l C. Widel	ce Fur	eral Ho	mes P	A. 111	100			or Manda	ne_

ROPROL

8728 Liberty Road Randallstown, Maryland 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

JUL 09 1985 . Commission Thomas

DECEASED NAME FO		NIDDLE		AST -	20. DATE OF DEA			YEAR	26 HOU	R 3
Mrs		na Prit		-		ly 8 198		-	022	-3 M
Female Female	4 RACE	sian	5 DATE C	Ly 12 1918 YEAR	6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS	DAYS	HOURS	MIN,
BIRTHPLACE ISTATE OR FORE COUNTRY) Maryland	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CI	ore Coun		ATH	×.	MD.
Randallstown	(IF NOT IN SUC Baltin	n FACILITY, GIVE STREET County	General General	ROTHER INSTITUTION	12a USUAL OCCU	AOST OF WORKING		KIND OF USTRY	BUSINE	SS OR
SUAL RESIDENCE (# NURSING 30. STATE Maryland	HOME OR OTHER INSTITUTION COUNTY Baltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Randal	ADMISSION) Stown	136 INSIDE CITY LIMITS? YES NO X	13e STREET ADDR 3716 B	ess / zip co	Rd. A	pt C.	21	133
Harry Labatt P	ayne MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ Anna Cather	rine Bosman			LAST		
WAS DECEASED EVER IN (U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECU 219-05	_	17 INFOMMAN Emory F 2026 N. Rol			imore		21 Mary	207 land
PART I. DEATH WAS	inter only one couse per CAUSED BY: MEDIATE CAUSE (o)	line for (a), (b), an	d Icul	DONOTAL	2		0	APPROXIM ETWEEN O	NATE INTER	√AL DEATH
PART 2 OTHER SIGNIFICATION DE LA COLOR DE	CANT CONDITIONS CO	Hum TION FOR WHICH Prayon	PAIN BUT	DOUMDNO NOT RELATED TO THE TERM 3 NOT - di3 I N WAS PERFORMED I	200 AUTOPSY2	ZOB. IF	YES, WERE	PINDING AUSES C	GS USED	rid H?
OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.I. EXAMINER) 21e. PLACE (AT HOME STR	M. MONTH DA	19	21t. HOW JURY OCCURR 21f. LOCATION STREET		F INJURY IN ITEM	18 PART I ORI			TATE
22a.1 certify that (I) (this saw the deceased of	is hospital) attended the	19		, 19, 19, 19, 19, 19						
THE PHYSICIAN SHAME HAFF F	22 A	SYED		ATTENDING PHYSICIAN DE PHYSICIA	MEDICAL DIRECTOR PI	STAFF HYSICIAND	BEY	7/5	193 818	S P17
BURIAL, CREMATION, REA	7-10-	35	Glen I	EMETERY OR CREMATORY Haven Memorial Pk	23d LOCATION CITY OR TO	Burnie	A. A	-	Mary	land

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pr

TENDING PHYSICIAN: The

Tendered duty been lager to be the second ENG Jun 15 of cold dig I gradient made Lylnskin navel Jielij ete instruction producted on participation of force Indiges 1 to the State of the S The group of the second of the second of

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

RAINES, SR.

YEAR

1902

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAM

IDA

21c. HOW INJURY OCCURR

21f LOCATION

22e. ADDRESS

STREET

and that in (my) (XX opinion of

1900 E. Nort

DIVORCED

NO X

MARRIED X NEVER MARRIED

17 INFORMANT

Respiratory & cardiac arres

Carcinoma of lungs with di

5. DATE OF BIRTH MONTH

JAN

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MOCKINGBIRD

21204

LAST

166 SOCIAL SECURITY NO

212-05-7102

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

19

RAINES

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM, ETC.)

June

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

13c. CITY OR TOWN

ENE						
8	REG.		8	4	0	6
2c. DATE C		MONTH	DAY	YEAR	2h HOU	IR 4
	3/85				2:0	- //\
6 AGE IN	YEARS LAST B	(RIHDAY)	MONTHS	DAYS	HOURS	MIN.
83		YRS.				
		OR COUNT				
BAI	OCCUPA		OUN		F BUSINE	MD.
TYPE OF WO	RK FOR MOST	OF WORKING L	IFE) IND	USTRY		
SUPE	KATE	OR_			YTI	
		ZIP COD			204	//3 0 0
814 NE	MOCI	CINGE	TKD	LAI	NE 7	<u>F102</u>
	ALI	CE		McK	ਬਬ	
	ADD	RESS	27 (204	فلابتاء	_
INES	814	MOCK			D T.	ANE
בוידוט	OLT	MOOR			MATE INTER	
st				rad		DEATH
				,, ., .,	or car t	
ffused	mat	astati	s 2	+ Y	ears	
ffused	d mat	<u>astati</u>	s 2	+ Y	ears	
ffused	mat	astati	s 2	+ Y	ears	
		astati				
NAL DISEA	SE OR CO	NDITION GI	IVEN IN P	'ART lic		
	SE OR CO	NDITION GI		PART 110	GS USE	D IH?
NAL DISEA 200 AUT YES	SE OR CO	20b. IF YE	IVEN IN P	FINDING AUSES	GS USE	Prin?
NAL DISEA 200 AUT YES	SE OR CO	NDITION GI	IVEN IN P	FINDING AUSES	IGS USE	D TH?
NAL DISEA 200 AUT YES	SE OR CO	20b. IF YE	IVEN IN P	FINDING AUSES	IGS USE	D TH?
NAL DISEA 200 AUT YES	SE OR CO	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE IFYING C (ES PART I OR I	FINDING AUSES	IGS USE OF DEAT	D TH?
ZOG AUT YES ED (ENTER N	SE OR CO OPSY? NO MATURE OF IN	20b. IF YI IN CERT Y JURY IN ITEM 18	VEN IN P	FINDIN AUSES	IGS USE OF DEAT NO [TH?
NAL DISEA 200 AUT YES ED (ENTER N	SE OR CO OPSY? NO M VATURE OF IN	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE IFYING C (ES) PART I OR I	FINDIN AUSES	IGS USEI OF DEAI NO [TATE
NAL DISEA 200 AUT YES ED (ENTER N	SE OR CO OPSY? NO M VATURE OF IN	20b. IF YE IN CERT	ES, WERE IFYING C TES PART 1 ORI	FINDIN AUSES	IGS USEI OF DEAI NO [TATE
200 AUT YES DED (ENTER N	OPSY? NO M VATURE OF IN CITY OR 1 Ju ed on the	20b. IF YI IN CERT Y JURY IN HEM 18	S, WERE S, WER	FINDIN AUSES	IGS USE OF DEAT NO [TATE
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200 AUT YES DED (ENTER N eath accurr	OPSY? NO N	20b. IF YI IN CERT Y JURY IN HEM 18	VEN IN P ES, WERE IFYING C (ES PART 1 OR I 220 7	FINDING AUSES PART 2) Om the c 2/13	of DEAT NO [TATE

FOR - STATE REGISTRAR DECEASED NAME

MALE

COUNTRY

13g. STATE

ΝO

70. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

TOWSON

MARYLAND

FIRST

JOHN

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gave rise to immediate couse (a), stating the

underlying cause last

190 DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNATURE

CREMATION

24 FUNERAL DIRECTOR

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

14. FATHER'S NAME

PENNSYLVANIA

JOHN

M

7b. CITIZEN OF WHAT COUNTRY?

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

BALTIMORE

MIDDLE

M.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (o)

22a. I certify that (1) (this hospital) attended the deceased from.

saw the deceased alive on June above, (I) (Me) (did) (divot) view the body after death.

S. J. LIU, M. D.

13b. COUNTY

WHITE

U.S.A.

TYPE OR PRINT!

3. SEX

CERTIFICATION

MEDICAL

and Mental Hygiene 80 0 should be detactive the State D MPORTANT (VRA 15, 4)

DHMH - 16 60M 7/84

23a BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY

DEGREE

GREEN MOUNT CEMETERY BALTIMORE, MARYLAND DEGISTRATES SIGNATUR

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

ATTENDING PHYSICIAN

7/13/89 despire pathwest & thought cash Preciseons of Junes with differential states 24 Meets June 15, 185 ov 5, 81 July 19, 35 x 7/13/85 1900 . Torchers Partony Balso, My 21230 5. J. LD . M. U.

1 - STATE			DEPARTA	MENT OF HEA	LTH AND N	IENTAL HYG	IENE					-	-
REGISTRAR				CERTIFIC	ATE OF D	EATH	8	G.	NO.	8	9	0	1
1. DECEASED NAME	FIRST		MIDDLE	LAST			20 DATE OF		MONTH	DAY	YEAR	2b HO	UR
(TITE ON PRINCE)	CHARL	OTTE	٧.	R.	AMSBU	RG			07	03	85	4:	45
3. SEX	Day II	4 RACE		S. DATE OF B		To a sil	6 AGE (IN	E ARS LAST B	(RTHDAY)		OER I YEAR	IF UNDE	R 24 HR
Female		Cau	casian	12	19	O 1		84	YI	RS.	HS DAYS	HOURS	MIN
OUNIRY)	TE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	MARRIED C	NEVER AA	APPIED []	9 BALTIMO	RE CITY	OR COU	INTY OF	DEATH		
Maryland	1	U.S.		WIDOWED		ORCED K	Balt	imo	re (Coun	ty		٨
10 CITY OR TOWN OF	DEATH		F HOSPITAL, NURSIN		THER INSTI	TUTION	120. USUAL	OCCUPA	TION	1	26. KIND C	F BUSIN	ESS C
Catonsvi	ille		AN NURSING		R CATO	ONSVIL		K FOR MOS	Hou	SEV	IFE		
USUAL RESIDENCE (#	NURSING HOME	ROTHER INSTITUTION	N, GIVE RESIDENCE BEFORE		INSIDE CI	TV LIAAITS2	13e.STREET	ADDESS	/ 7IP C	ODE	21	4/5	111
Maryland		RROLL		VILLE		NO 🗌	7255				Rd.	10	1
FATHER'S NAME		WIDDLE	LAST		MOTHER'S	MAIDEN NA							
Geor	ge	WIDDLE	Lawson			INST		WIDDLE			Baub		7
160 WAS DECEASED E	VER IN U.S. A			RITY NO. 17	INFORMAN			ADD	RESS		Daub	110	6.1
(YES NO OR UNKNOW!	(IF YES, G	IVE WAR OR DATES)	213-10-	1536M	Rs. E	BLANCI	HE V.	WRI	GHT		BALT	0.	Mo.
			er line for (a), (b), and	dic.ii	1.			14			BETWEEN	IMATE INTE	RVAL
PART I. DEAT	TH WAS CAUS	ED BY: ATE CAUSE (a)_	ASCUD,	musc	arslia	6 1m	Sarch	ion					
			OR AS A CONSEQUE	NCE OF		Insi	1						
Conditions, if	any, which	((6)	Cenebras	Liase	uln	Insi	Men	ince	,	-			
gave rise to		DUE TO	00.45.4.6044550445				11	. 0				-	
underlying c		DUE TO,	OR AS A CONSEQUE	NCE OF									
PART 2 OTHER	SIGNIEICANIT	CONDITIONS	CONTRIBUTING TO D	E ATH BUT NO	TRELATER	O THE TERM	INIAL DIFF AC	F OD CO.	IDITIO	CNEN	ALDADT :		
I AKI Z OTHER	21014ILIC WIAT	COMPHIONS	CONTRIBUTING TO E	ENIN BUT NO	RELATED	O THE LEKW	INAL DISEAS	EOKCO	NUTTON	GIVENI	NEAKLI	0	

CERTIFICATION

MEDICAL

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

226 SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d PHYSICIAN'S NAME (TYPE OF RINT)

Dr. John Shaw

220 I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death.

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

DEGREE

22e ADDRESS

STREET

CITY OR TOWN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

and that in (my) (apinion death occurred on the date and hour and from the causes stated

DI. DATE SIGNED

3616 Horned Owl Ct. Ellicoft City Md

BP.

(VRA 15, 4)

201

VITAL RECORDS,

DHMH - 16 50M 4/83

BURIAL 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY SAINTS CEN.

ATTENDING

23d LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

ELINE FUNERAL HOME REISTERSTOWN . MD. HOUSEWIFE

CARROLL SYKESVILLE

CLIVIA

MRS. BLANCHE V. WRIGHT BALTO. MO.

BURIAL JUL 6,85 ALL SAINTS CEM. REISTERSTOWN, Dr.

ELINE FUNERAL HOME REISTERSTOWN, MO.

	L	FOR - STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	8	REG. NO.	1 8	9	08	
* 1 B20		CEASED NAME FIRS E OR PRINT) He	len	N.	Ra	th	Za. DAIE	OF DEATH MONTH	B DAY	85	26 HOUR	
ctor, pages softer and	3. SE		4. RACE	+0	5. DATE O	F BIRTH 4 19		76	MONTH YRS.	DERTYEAR DAYS	IF UNDER 24 HRS HOURS MIN.	
-trol		Female IRTHPLACE (STATE OR FOREIGN COUNTRY) EW York	76 CITIZEN OF	WHAT COUNTRY	WIDOWE		Bal	timore Co	UNITY OF D	у мо		
		Baltimore	223 Res	gester A	ve.212	R OTHER INSTITUTION	(TYPE OF W	Food Service 13e STREET ADDRESS / ZIP CODE 223 Regester Ave			Hutzlers	
5 2 576	730. Ma	ryland	Baltimore	134. CITY OR TO	R TOWN 134 INSIDE CITY LIMITS?		223					
		ATHER'S NAME FIRST Louis	MIDDLE	Niedr	and white	15. MOTHER'S MAIDEN FIRST Helen		WIDDIE	I)iste	lhurst	
nond con medicol		WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES}	16h SOCIAL SEC 214-34-		Eleanor R	. Mann	ADDRESS 1807 Thor	rnton		21204	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ING PHYSICIAN. The low requires that the death certificate be executed within a ratending physician. The low requires that this certificate has been signed by the ottending physician and campletely fill os the buriol-transit permit. Then please remove carbon pages. Pages Ago 2 shouth and Mental Hygiene prior to burial, cremotion, or removal. Or steed or item 18 shows any injury, or other traumatic event, the medical examine in a second control of the control o	Z	Canditions, if ony, white gove rise to immedia cause 101, stoffing the underlying cause later 2 OTHER SIGNIFIC.	DUE TO, O th te ne to th to th te ne to th th to th	METAL IR AS A CONSEQUENT AS A CONSEQUENT ONTRIBUTING TO	UENCE OF	breast c		ASE OR CONDITIO			enths	
TALRECOR	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMED	IF YES, WEI CERTIFYING YES	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO				
71SION OF VITA B PHYSICIAN: TI trending physicia r this certificate the buriol-transit ond Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. (IF EITHER, NOTIFY MEDICALEX.) 21d. INJURY OCCURRED WHILE NOT WHILE	OF DEATH HOUR A. AMINER) P. 21e. PLACE LIAT HOME STE	OF INJURY .M. MONTH (.M. OF INJURY REET, FACTORY, OFFICE	19	210 HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN IT		OR PART 2}	STATE	
OR ATTEND OR ATTEND OR ACTOR: A Sched for use Dept. of Heal f them 21 is m		22a. I certify that (I) (this sow the deceased ali above, (I) (we) (did) (c	ve on	7/4 19	(), on	d that in (my) (aur) opin	IG MEDICA					
TO HOSPITAL TO FUNERAL Should be den with the Stote		224 PHYSICIAN'S NAME	TYPE OR PRINT)	(27. ADDRESS	V Colo	& Gorin	5 La	1/1		
BP		BURIAL, CREMATION, REMO (SPECEY) Cremation UNERAL DIRECTOR	23h DATE 7/9/8	\ r		emetery or cremato	ry B	cation invortown altimore	cou		STATE Md.	
DHMH - 16 50M 4/83 (VRA 15, 4)		tchell-Wieder	Teld Home	ADDRESS 6500	Vork			Y REGISTRAR 25b. R			URE	

attribute nedvers on the Court appears to the street for

214062	1-	FOR STATE REGISTRAR			DEP		EALTH AND MEN		ENE 8	REG. NO.	1	8 9	0	9	
	1. DE	CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF D		DAY	YEAR	26 HOUR	20	
Haye 3	(TYPE	OR PRINT)	ROSE		MARY	REI	DMAN			07	29	185	1:40P	M	
	3. SE			4 RACE		5 DATE C	5 DATE OF BIRTH			RS LAST BIRTHDAY)	IF (INDER I YEAR	IF UNDER 241		
* 10	Fe			White		Dec.	6, 1894	YEAR	90	Y	THS DAYS	HOURS	AIN.		
2 43/4//				76. CITIZEN OF	WHAT COUN	TRY2 8	D NEVER MARI	RIED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH						
194				U.S	. A.	WIDOWI		CED	BALT	MD.					
	10 CI			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A			ADDRESS)			CCUPATION OR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY				
12 13/16				GREATER	R BALTI	MORE MEI	RE MEDICAL CENTER			ker		Own Home			
11/2/	USU/ 13a S	AL RESIDENCE (IF NO	136 COU	ROTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	ADMISSION) N 136 INSIDE CITY LIMITS?			DORESS / ZIP (CODE	Apt. D			
2 43 37		aryland Balt		imore_	Cockey	vsville		×		Limesto	ne V	alley	Dr.2103	103	
170/	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		ΛE	WIDOLE		LAS	T		
1 16/11/1	The same of the sa	eonard			Troya					Alegar Hallander			Abriola		
75 6		VAS DECEASED EVE		RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT			ADDRESS					
4 6 H	No)			143-07	7-9027	Grace S	S. Lar	ncelott	a -5241	Fre				
at order to	M.	18 CAUSE OF DEA	TH (Enter o	nly ane cause pe	r line for (o), (b	or, and ici	. TODY	FCT				BETWEEN	MATE INTERVA ONSET AND DE	ATH	
1 101		IMMEDIATE CAUSE (0) CARDIO-RESPIRATORY ARREST													
oth a cont cont natic		DUE TO, OR AS A CONSEQUENCE OF													
atte otici	Н.	Conditions, if ony, which gove rise to immediate (b) CHRONIC DEBILITATION													
by the		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF													
s tho	1	(c) ESOFTAGEAE CARCINOMA													
signe hen p na bu ijury,	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116. POOR NUTRITION, CONGESTIVE HEART FAILURE													
w ren	ATIC	19n DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF								YES, WERE FINDINGS USED			
no. no. phos b perm ene p.	FIG	7/26/	85	PT F	REFUSED	YES NO Y YES NO NO					1				
ysicio ysicio cote onsit Hygiel 8 sho	AL CERTIFICATION	21a. ACCIDENT WAS U	NDERLYING [21c. HOW INJUR	Y OCCURR		3-6-					
CIAN physical physical physica		OR CONTRIBUTING	-	AIR.	.M. MONTH	DAY YEAR	No. of the last of								
HYSI nding buri Meri	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		21f LOCATION			CITY OR TOWN		COUNTY	STAT	T.F.	
G P offer the sthe	W	WHILE AT WORK	WHILE ORK	(AT HOME, ST	REET, FACTORY, OF			0.5				0.5	3171		
AP OF SECOND		220. certify that (1) (this haspital) attended the deceased from 1/21 19 19 19 19 19 19 19 19 19 19 19 19 19													
TTEN Pirtor TTOR for u						19 <u>85</u> , a	nd that in (my) (our	r) opinion d	leath occurred	on the date and	hour or	nd from the	couses state	d	
hos hos hed ept. Item		obove, (1) (we) (did) (did not) view the body after death. 226. DATE SIGNED/													
At O At D detac		J.O.	12	- Non	NIN	(, M.	PHYS	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3	7/	2418	5	
HOSPITAL ined by th FUNERAL old be dett h the State		228 PHYSICIAN'S					22e ADDRESS	6704							
		JOY E.	HOWA	RD, M.D.			GBMC -	6/01	N. CH	ARLES S					
O se O se M		BURIAL, CREMATION	, REMOVA	L 23b. DATE		23c NAME OF	AME OF CEMETERY OR CREMATORY			23d. LOCATION			STAT	VE.	
BP	B	urial	1,115							eysvill			Mo	d.	
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR			,,,,,	ess 1050 Y	ork Pd			GISTRAR 256. RE	GISTRAI	R'S SIGNAT	URE		
(VRA 15, 4)	R	uck Towso	n Fune	eral Hom	e, Inc	·Towson	Md. 21204	JUL	3 1 19	35 Telia	Nein !	10	nd.00 Y	01	

Dr. Marvin Goldstein

23b. DATE

7/20/85

8728 Liberty Road Randallstown, MD. 21133

236 BURIAL CREMATION, REMOVAL

Cremation

(SPECIFY)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6001 Park Heights Avenue 23c. NAME OF CEMETERY OR CREMATORY Westview Crematory Catonsville Balto. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNALURE Sinia Davidson Randelle

1985

126. KIND OF BUSINESS OR

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

DATE SIGNED

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

207059

FOR

The state of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

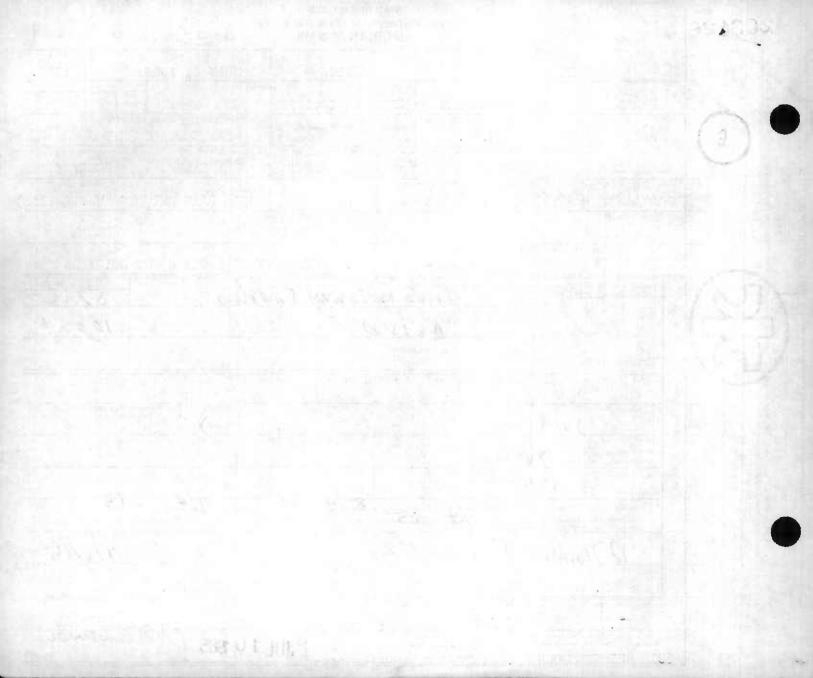
6010 REISTERSTOWN RD. BALTIMORE MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 5 REG. NO.	1	8 5	1	
TE OF DEATH HOWEN	DAY	VEAD	DE LICILIE	

REGISTRAR	CLRIII	ICAIL OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	TAST	20 DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
ANNA		RESNICK	JULY 4, 1985	4:50P. _M
3. SEX 4 RACE				UNDER I YEAR IF UNDER 24 HRS
FEMALE CAI	JCASIAN NOVE	MBER 24,1895	89 YRS.	
P BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN O	F WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
	J.SA. WIDOW!	DIVORCED [BALTIMORE CO	UNTY MD.
(IF NOT IN S	UCH FACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WHOLESALE	126. KIND OF BUSINESS OR INDUSTRY POULTRY
OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138 STATE 138 COUNTY MARY LAND	ISC CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6510 PARK HEIGH	TS AVE., (21215)
ABRAHAM	GOLDSTEIN		ME	UNKNÖWN
160 WAS DECEASED EVER IN U.S. ARMED FORCES		17 INFORMANT	ADDRESS	
NO	215-30-4869	MR. EDWIN LE	VY 3701 OLD COURT	RD.21208
18 CAUSE OF DEATH Enter only one couse p	er line for 10°, (b), and c	1	60	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acou p	vening in	vecus	3Mr-
DUE TO,	OR AS A CONSEQUENCE OF	10		1011.7
Conditions, if ony, which (b)	A-8 LV.	<i>V</i>		10 gm
couse (o), stoting the DUETO,	OR AS A CONSEQUENCE OF			
(c)_				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
I 190 DATE OF OPERATION 196 CON	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? , 20b. IF YES,	WERE FINDINGS USED
# newl				ING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING 216. TIME		21c HOW INJURY OCCURE	A	
DO CONTRIBUTING CONTRACT HOURS	A.M. MONTH DAY YEAR			
21d INJURY OCCURRED 21 PLAC	E OF INJURY	211 LOCATION	CITY OF LOWN	COUNTY STATE
MMILE NOT WHILE Y	BINEEL PACTORY, OFFICE PARM EIC)	111	1.1	17
220.1 certify that (I) (this hospital) attended		8 /4. 19.80		hot (I) (we) lost
sow the deceased alive an obove, (I) (we) (did) (did not) view the boo	dy offer death.	nd that in (my) (our) opinion o	deoth occurred on the dote and hour	and from the couses stated
22b. SIGNATURE	11 11	DEGREE	MEDICAL STAFF	TH. DATE SHONED
14/1/mmvi V	reamy 1	PHYSICIAN		1/5/85
			COLUMN NO.	, ,
(SPECIFY)			CITY OR TOWN	COUNTY
	85 SHAARET	ZION CEM		MARYLAND IORE - 20 med - 20
NAME SOL LEVINSON &	BROS MODING.	1111	10 1985	SUCCESSOR STANFORD
	DECEASED NAME (TYPE OR PRINT) ANNA SEX FEMALE G BIRTHPLACE (STATE OR FOREIGN TO CITIZEN O COUNTRY) RUSSIA D. CITY OR TOWN OF DEATH RANDA LLSTOWN BALTIN BALTI	DECEASED NAME (1YPE OR PRINT) ANNA A RACE CAUCASIAN CAUCASIAN NOVE FEMALE CAUCASIAN RUSSIA BIRTHPLACE (STATE OR FOREIGN RUSSIA B. CITY OR TOWN OF DEATH CANDALLSTOWN B. CITY OR TOWN OF DEATH CANDALLSTOWN COUNTY MARY LAND STATE ABRAHAM So, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOO UNKNOWN) (YES NOO UNKNOWN)	DECEASED NAME PBSI ANNA RESNICK RESNICK SEX FEMALE GAUCASIAN NOVEMBER 24, 1895 BIRTHPLACE (STATE OF FOREON OF THE CHIVEN OF WHAT COUNTRY) BIRTHPLACE (STATE OF FOREON OF THE CHIVEN OF WHAT COUNTRY) BIRTHPLACE (STATE OF FOREON OF THE CHIVEN OF WHAT COUNTRY) BIRTHPLACE (STATE OF FOREON OF THE CHIVEN OF WHAT COUNTRY) BIRTHPLACE (STATE OF FOREON OF THE CHIVEN OF WHAT COUNTRY) BIRTHPLACE (STATE OF FOREON OF THE CHIVEN OF THE COUNTY OF THE CHIVEN OF THE	DECEASE DIAME ANNA RESNICK JULY 4, 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)



199035	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	8 REG. NO.	189	12
2 5		CEASED NAME FIRS		IOLA RIC		AST a	JULY 9,1	AONTH DAY YEAR	28. HOUR 3.20PM
od book	3. SE		4 RACE	TOLA KIC	S. DATE C	NE RIPTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
2 officer, p	3. 36	Female	White				85	MONTHS DAYS	HOURS MIN.
neral dire		RTHPLACE (STATE OR FOREIGH COUNTRY) Maryland	75. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	Baltimore City OR		MD.
s ofter di	10. CI	TY OR TOWN OF DEATH TOWSON	11. NAME OF SOLIN SU 301 N	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET N. Charles	ADDRESS)	Ave.	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemake	WORKING LIFE) 128. KIND C INDUSTRY	OF BUSINESS OR
24 hours	USU/ 13a. S	AL RESIDENCE (IF NURSING HOUTATE 136 (me or other institution county 3 ltimore	136. CITY OR TOW TOWSON	ADMISSION)	136. INSIDE CITY LIMITS?	130. STREET APORESS /	ZIP CODE Charles St.	1204 Ave.
MARYLA	14. FA	THER'S NAME John Edward	Preston	LAST		15. MOTHER'S MAIDEN NA	Agnes Brown	tAS	51
IMORE,	16a V	VAS DECEASED EVER IN U. (15 YO) NO	S. ARMED FORCES? ES. GIVE WAR OR DATES)	212-09-9		Byron E. Rie	addres ce Same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be required. The law requires that the death certificate be received by the actending physician and certificate has been signed by the attending physician and certificate has been signed by the actending physician and certificate has been signed by the and Mental Hygiene prior to burial, cremation, or removal. Orked or Item 18 shows any injury, or other traumatic event, Item actel certificate must be an extending them.	CERTIFICATION	Conditions, if ony, whis gave rise to immedio couse (a), storing the underlying couse to PART 2. OTHER SIGNIFIC.	DUE TO, CO.	OR AS A CONSEQUE	DEATH BUT	NOT RELAYED TO THE TERM	MINAL DISEASE OR COND 200 AUTOPSY?	ITION GIVEN IN PART 1: 20b. IF YES, WERE PIND! IN CERTIFYING CAUSES	NGS USED
DE VITAL B LAN: The physicion. Hificote ha Litronsit pe of Hygien of Hygien of Show		21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE	OF DEATH HOUR A	OF INJURY		21c. HOW INJURY OCCUP	YES NO	YES	NO 🗍
DIVISION O PHYSIC bl or attending 08: After the burior use as the burior Health and Ment is marked or Itel	MEDICAL	IN SURVEY MEDICALEX. 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this	21e. PLACE (AT HOME, S) hospital) attended t		21	211 LOCATION STREET	CITY OR TOW	1925.	state that (I) (wa) last
TO HOSPITAL OR ATTITUTE OF LONGRAL DIRECTOR AND THE STORE DEPLOY WITH THE STORE DEPL OF IMPORTANT: If Hem 21		sow the decessed oil obove, (F) and (I) (278. SIGNATURE 224. PHYSICIAN'S NAME Norman R	RE	eem	Pr	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	an 🗆 77	SINED /S
₽₽ ¥±3 <u>\$</u>	23a. I	BURIAL CREMATION, REMO SPECIFY) Burial				emetery or crematory	23d LOCATION CITY OR TOWN Woodlawn	Balto. Co.	STATE . Md .
DUIAN 14 5044 1200	-	UNERAL DIRECTOR	1 0 0 2 3	6			TE REC'D. BY REGISTRAR 2		
DHMH - 16 50M 4/83 (VRA 15, 4)	Mi	tchell-Wiede	feld Home	, Inc. Ba	lto.,	Md.21212 J	UI 1 2 1985	The Davidson	Randelle

Day Salasan will also be to the total DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEI

NE 8	S REG.	NO.	Į	8	9	1 3	The state of
a. DATE OF	DEATH	MONTH	Т	DAY	YEAR	25. HOUR	9
T12 7 37	4	1985				-	

	REGISTRAR				CEKITE	ICAIE OF DEATH	O R	EG. NO.	9	
	EASED NAME	FIRST	N	AIDDLE	t.	AST	20. DATE OF DE		DAY YEAR	25. HOUR
I YPE (OR PRINT)	Thomas		D.	Ri	ch	July 4	, 1985		
SEX			4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White	е	May	12, 1914 YEAR	71	YRS.	MONTHS DAYS	HOURS MIN
	THPLACE (STATE	OR FOREIGN	76. CITIZEN OF V		RY? B. MARRIEI	NEVER MARRIED		_		
	Georgia			S.A.	WIDOWE			more Co	-	N
	rortownofi Parkvill		(IF NOT IN SUCI	H FACILITY, GIVE ST		or other institution		MOST OF WORKING Bank	LIFE) INDUSTRY	of Business o nking
30. S	RESIDENCE (IF N TATE aryland	130 COUN	other institution.	13c. CITY OR TO			334 Lc	RESS OCUST Th	orn Cou	rt 2110
4. FA1	Ther's NAME FIRST Thomas	W.	MIDDLE Ri.	ch LAST		15. MOTHER'S MAIDEN I	M	DDIE R.	Rea	ST
	AS DECEASED EN		MED FORCES?	166 SOCIAL SE	ECURITY NO.	17. INFORMANT		ADDRESS		
Ne	ES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	408-28	3-3081	John T. R	ich Same	as #13		
	Conditions, if a gave rise to couse (a), st underlying co	ony, which immediate oting the ouse last.	(b)		QUENCE OF	enser 1.		cie		- ? Y.eus
N N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.							(0,		
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, IN CERTIFY						ES, WERE FIND			
CAL	OR CONTRIBUTION OF CAUSE OF OF THE HOUR A.M. MONTH DAY YEAR I						COUNTY	STATE		
0	22e.1 certify that (1) (this haspital) attended the deceased from									
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN STAF							7/	15-185	
	226. PHYSICIAN'S	NAME (TIPE	R PRINT)			22e ADDRESS				
			opez, M.	D.		109 Ruxto	n Towers	Towsor	,Md. 21	.204

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

1050 York Road 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE TOWSON, md. 21204 JUL 07 1985 ADDRESS Towson, md. 21204 Ruck Towson Funeral Home, Inc.

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 DATE OF BIRTH

REG NO

6 AGE (IN YEARS LAST BIRTHDAY)

MIDDLE

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

20. DATE OF DEATH

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

	FOR STATE REGISTRAR
	I DECEASED NAME
4	3 SEX MAC
	70 BIRTHPLACE ST
2	Middle
-	USUAL RESIDENCE

4. RACE STATE OR FOREIGN

XexTeR

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MIDDLE

DIVORCED |

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP COD

14. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH Enter only one cause per I/ne for rat, 161, and

17 INFORMANT

ADDRESS 7 STRUT

206. IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

MANNING

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

Conditions, if any, which gave rise to immediate cause lat, stoting the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NO

and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

211 LOCATION STREET CITY OF TOWN

STATE

19_____, that (f) (we) lost

sow the eccayed alive an abave, (1) we) did) (did nat) view the body after death 22b. SIGNATURE

220 1 certify that (1) (this haspital) attended the deceased from.

DEGREE

19.

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

23b. DATE

10201

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

CERTIFICATION

MEDICAL

prio

entol

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be deta FUNERAL

should be with the S

00

(VRA 15, 4)

MPORTANI

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

- Askerton - Askerton The second of th PARTIE SON THE TANK HALL SON TO STATE OF THE SANTES The same of the same of the same The same of the sa

3123	1 -	FOR STATE REGISTRAR	DEPARTN	STATE OF MAKITAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 5	18	9 1 5
ge 3		EASED NAME FIRST OR PRINT!	MIDDLE	ems on	20. DATE OF DEATH	MONTH DAY YEAR	28. 1100K
s ofter d	3. SEX	emale	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR Oct. 16 1894	6. AGE (IN YEARS LAST BIR	YRS. IF UNDER 1 YE	
P S L	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) anyland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED MODEL		ore County	
Pair	10. CI	TY OR TOWN OF DEATH andallstown	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT (1YPE OF WORK FOR MOST OF HOUSEWIL	ION 12b. KINI DE WORKING LIFE) INDUSTI	OF BUSINESS OR
EEA, DRECTOR, After this certificate has been upped by the attenting physican and completely filled in by the fundral director, page 3 selectorated for use as the build report of the wind of the selection of th	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	ADMISSION)	13e STREET ADDRESS		1093 Ave.
and 2 sh		THER'S NAME James Ander		15. MOTHER'S MAIDEN NA Sarah	MIDDLE	HOA	shall
- Pages		(AS DECEASED EVER IN U.S. AR es, no or unknown) (If yes, given)	VE WAR OR DATES)	17 INFORMANT 2-8897 Lester N.	Robinson		rthingto b P.K. ROXIMAYE INTERVAL HEN ONSET AND DEATH
ase remove con an action of cember of temperature of temperature of the contract of the contra		PART 1. DEATH WAS CAUSE	nly one cause per line for (a), (b), and ED BY: TE CAUSE (a) CENTRAL DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NCE OF	demto	05.111	COUNTY AND DEATH
Then pre the burie injury, or	NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PART	lia
out out	CERTIFICATI	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
DRECTOR, After this certificate has been upsed by the annulating physican or ached for use as the build-transit permit. Then please remove can apparent. Particle to the other ord Mental Programs prior to bursol, cremotion, ar removal. If them 21 is marked or them 18 shows any injury, or other traumatic event, the me	MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE. (IF ETTHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 21f LOCATION	RED (ENTER NATURE OF INJU		2) State
of Health on	2	sow the deceased alive an	nital) attended the deceased from_	2//0 , 19 85 85 , and that in (my) (aur) opinian	to 7/12	19.05	_, that (I) (we) last the causes stated
NT. II Ben		226. SIGNATURE	ton		MEDICAL STA	FF /	12/85
PORTA		J BOST		22e. ADDRESS Raltimore	Country &	sen Hosy	b .
113	23a E	URIAL, CREMATION, REMOVAL SURIAL		JAME OF CEMETERY OR CREMATORY DENGLER MEMON-	23d. LOCATION CITY OF TOWN LOK Fink	shung Can	roll state
OM 4/83 i, 4)	24 FI	ine Funeral	1 1 CADDRESS	Reisterstown JU		wheregistrans-sign	
				Rd.	-		Q.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



DHMH - 16 50M 4/83 (VRA 15, 4)

VEBER FONERAL HOME EPMONDSTON AVE

1111 2 0 1095

a Lavidson-Randale.

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. I	NO.	1	8	3		-
OF I	DEATH	MONTH	DAY	YEAR		7h HOUR	

	REGISTRAR			REG. N	10.	
	ECEASED NAME FIRST MIDE	ILE LAS		2a. DATE OF DEATH	MONTH DAY YEAR	76. HOUR
	STEPHANIE	HELEN RO	oy	ACE INVESTIGATION	THOAY) IF UNDER I YE	EAR IF UNDERZAHRS
3. SE	FEMALE CAUCA.	SIAN 12	29 1923	6 AGE (IN YEARS LAST BI	MONTHS DA	
7a. 8	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WH	AT COUNTRY? 8. MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY OF	OR COUNTY OF DEATH	Ca MD.
10 C	CITY OR TOWN OF DEATH 11. NAME OF HO	SPITAL, NURSING HOME OR		12a USUAL OCCUPAT	OF WORKING LIFE) INDUST	D OF BUSINESS OR
A	ANDALLSTOWN BA	ETIMIKE (Cal 1458.	HUSEW	IFE DEI	utsne
USU 13g	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV STATE ARYLIAN DISECULAR (IS)	LIAN KINDY	36 INSIDE CITY LIMITS?	13. STREET ADDRESS	HETER, AU	E21048
Ja.	FATHER'S NAME	1 2 LAST	5 MOTHER'S MAIDEN NA	ME	7	ALAST
	KARUL MAZA	+K	MAGAL	ENA	BOLEGA	13000
	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES)	144-16-36	THE RUBERT	- ROYSK.	1612 WALTE	
Г	18 CAUSE OF DEATH (Enter only one couse per line PART I, DEATH WAS CAUSED BY.	e for (o), (b), and (c).)	= 50,0470	an Ann	APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	CAJUIU 14	- Sprien Co	4	•	
	Conditions, if ony, which	S A CONSEQUENCE OF	OCARDIAL	INFAR	exion	
	gove rise to immediate	S A CONSEQUENCE OF				
	underlying couse lost.					
z	PART 2. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	2	The second secon	DITION GIVEN IN PART	I lia
E	DIABETIS MELLETE	ON FOR WHICH OPERATION	5 PERIPHON	20a AUTOPSY?	20b. IF YES, WERE FIN	The state of the s
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION BILATE	nal_supersi	EIKL TONOR	4	IN CERTIFYING CAU	SES OF DEATH?
1 1	210. ACCIDENT WAS UNDERLYING 21b. TIME OF II	NURY CAGINS	21c HOW INJURY OCCUR	YES NO	YES URY IN ITEM 18 PART 1 OR PART	NO [
10000	HOUK A.M.	MONTH DAY YEAR				
MEDICAL	(IF EITHER_NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF	INJURY 19	211 LOCATION			
A.	WHILE NOT WHILE AT WORK (AT HOME STREET	. FACTORY OFFICE FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
	220.1 certify that (1) (this hospital) attended the deceased alive on above, (1) (we) (did) (did not) view the body of	198.TT ond	that in (my) (our) opinion	deoth occurred on the c	dote and hour and from	the couses stated
1	22b. SIGNATURE	DE	GREE	MEDICAL CT		ATE SIGNED
1	(toms)		ATTENDING PHYSICIAN	MEDICAL STA		-20-63
	774 PHYSICIAN'S NAME (TYPE OF PRI		27e ADDRESS	10.11.		2 (12)
L	GRIANDO B. CONAN	AN, MO.	0064 - KA	MOAILSTON	N Md. 2	1135
234	BURIAL, CREMATION, REMOVAL 23 DATE	23L NAME OF CE	METERY OF CREMATORY	23d. LOCATION	ULIS . ABUNINI	AC STATE AND

DHMH - 16 50M 4/83

(VRA 15, 4)

CAR TENNISHANICHA BEESTA AND

the funeral director, page 3 within 72 hours ofter death

STATE OF MARYLA	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

8 REG. NO.	1	8	9 1	<
DEDEATH MONTH	DAY	YEAR	26 HOLER	

1	REGISTRAR		CERTII	CAIL OI DEATH	REG. NO.	1	0	
	DECEASED NAME FIRST	WIDDLE	- t	AST	20. DATE OF DEATH	ONTH DAY	Y YEAR	26 HOUR
	THE OR PRINTS	Julia RUSINKO			July 20	1985		11.55n M
3 5	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF JNDER 24 HRS
	Female	White	Oct	. 8, 1894	90	YRS.		
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR			
	Hungary	U.S.A.	WIDOWE		Baltimore County			MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	VORKING LIFE	12b. KIND OI INDUSTRY	F BUSINESS OR
_	Rosedale	Franklin Squ	are	Hosp.	Housewife		Own I	Home
130	a. STATE 13b CQUI	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 1	ZIP CQDE	04.0	0.00
_	0	timore Rosedal	e	YES NOX		e Ra	. 212	37
4	FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	N/A	10 mg	→ LAST	
160	WAS DECEASED EVER IN U.S. AF			17 INFORMUTANDS				
G	(XES NO OR UNKNOWN) (IF YES, GI	169-07-	0404	-D Ishmael	Toth Bal	to.,	Md.	21220
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and	die i				APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (0) Cardiopu	11mona	ary Arrest		30.5	150	
		DUE TO, OR AS A CONSEQUE	NCE OF	Shock				
	Conditions, if any, which	(Cerebral	Vaso	cular Accident			- 100	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				100	
	underlying couse lost	(Atrial F	lutte	er-Fibrillatio	on			
z		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 110	3"
CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED		
FIC	DATE OF OPERATION	178 CONDITION FOR WINCH	OFERATIO	WAS FERI ORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NOK	YES		NO 🗆
		ATH HOUR A.M. MONTH DA		The House in South Geeoki	CENTER NATURE OF INJURT	IN INEM TO PART) ORPARIZI	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
MF		(AT HOME STREET FACTORY, OFFICE, F.	ARM, ETC }	STREET	CITY OF TOW	4	COUNTY	STATE
		utal) attended the deceased from_	July	20. 19 85	toduly_20	19	85	that X (we) last
	saw the deceased alive ar	July 20 t) view the body after death.	85 01	nd that in (1) (our) apinion				couses stated
	77h SIGNALIWE	11 view the body differ death.		DEGREE		7 - 40-7	22c. DATE S	
	Mand	los hy	011	ATTENDING PHYSICIAN	MEDICAL STAFF		17/	20/8
	224 PHYSICIAM'S NAME (TYPE	OR PRINT)	- 17	22e ADDRESS			-	
	Roger Mou	ushabek, M.D.		9000 Frank	clin Square [rive,	21237	
230	BURIAL, CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burial	7/24/85 Oa	k Gr	ove Cem.	Morgantow	m. Moi	nonga	lia W.
24	FUNERAL DIRECTOR Barne	S		21018 250 DAT	EREC'DERY RECHETRAN 25	b, REGISTRA	R'S SIGNATI	Ultranda 102
	Fileming Fun	oral Service	Ren	son. Md	10 F Z O 1302	11		-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR, who this certificate has been signed by the otherwing physician and co should be detached for use on the burieful parimit. Then please remove carbonapopers, Pages 1 in the State Dear of Health and Mindrell Hyguin para to burieful cremation, or removal.

FIeming Funeral Service Benson, Md.

https://doi.org/

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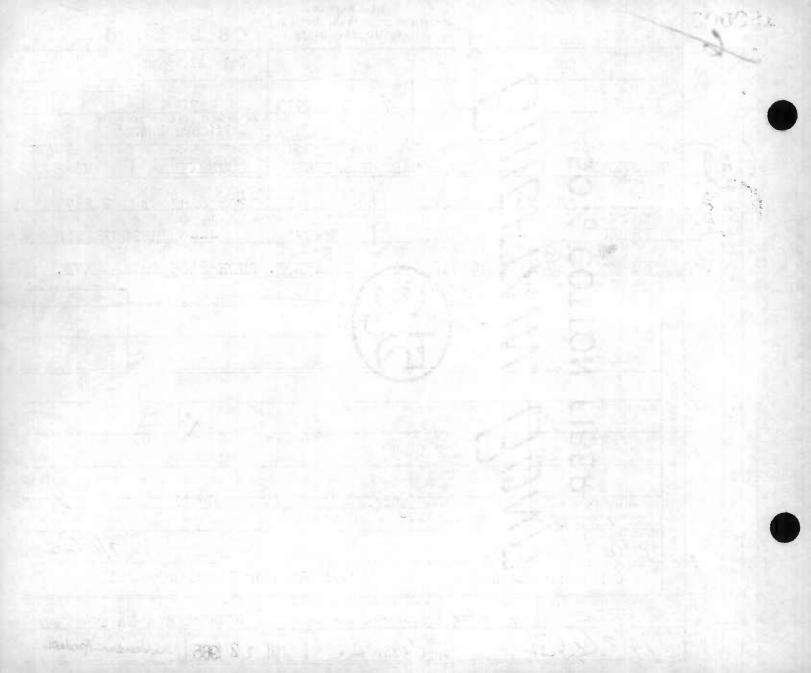
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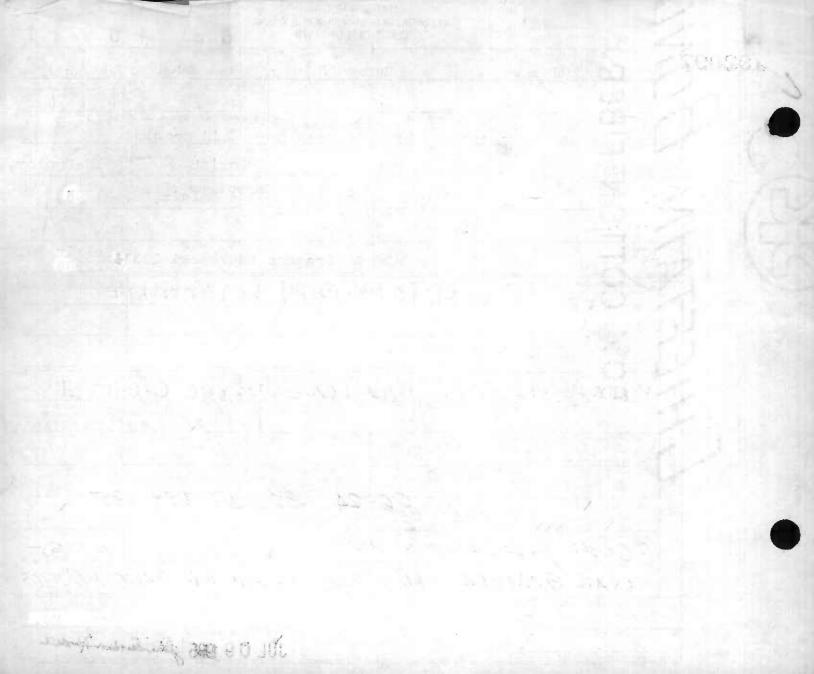
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in 24 hor fill houl	130. S	AL RESIDENCE (IF NURS STATE ARYLAND	13P CON	OTHER INSTITUTION	13c. CITY OR		13d INSIDE C	NO 🗆 X	13e STREET AD 1208		ST	212	37
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DHMH - 16 60M 7/84 (VRA 15, 4)

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rial-tran intal try tem 18 s		210. ACCIDENT WAS UNDI OR CONTRIBUTING . C. (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE C)F INJURY IN	NITEM 18 PAR	IT I OR PART 2)		
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AL DIRE defoched dre Dept VT. II her		22b. SIGNATURE	has	for	· Ka	es a		NG A	AEDICAL IRECTOR PI	STAFF	ND	22c. DAT	Sul S	1985
O FUNER hould be d		22d PHYSICIAN'S NA	al fe	A /-	1500	25	22e ADDRESS OV.	nc	lin	, /	110		-	
2 3 4		Burial, CREMATION, F	REMOVAL	236. DATE 7-27-	1985		ephen's Ch.		Brace		r Ba	l'timo	re M	id.
- 16 50M 4/83 /RA 15, 4)	ME	MERAL DIRECTOR	FH 11	Kin	- '.	, Md. 21			C'D. BY REGIS	TRAR 25b	. REGISTR		ATURE	

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4	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 ES.N	O.	8	2 4
2		CEASED NAME	oseph		Schleu		AST	July 27,	1985	YEAR	2ь HOUR 5:06р
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miner must be no	USU/ 13a. S	Md . ATHER'S NAME FIRST	NG HOME OR O 13b COUNT Bal:	THER INSTITUTION	in Squa GIVE RESIDENCE BEFORE 13c CITY OR TOW Essex	ADMISSION)	13d. INSIDE CITY LIMITS? YES NOTER'S MAIDEN NOTER'S MAIDEN NOTER'S	Retired 138.STREET ADDRESS 6 Helens AME	ZIP CODE	2122	r
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ked or Item 18 sh	MEDICAL CER	71a ACCIDENT WAS UNDED OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH ALEXAMINER) ED	P.A 21e PLACE C	M. MONTH DA	19	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJL	B	COUNTY	STATE
ORTANT: If hem 21 is mor		220. I certify that IX sow the decease obove, IX (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA Edward	(this hospito d olive on id) (cot not) ME (TYPE OR F	July 2	ofter deoth.		d that in (1) (our) opinion DEGREE ATTENDING PHYSICIAN 1276 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	nd from the order 7-27	
W	230 E	BURIAL CREMATION F				NAME OF C	METERY OR CREMATORY				

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

(SPECIFY)

Buria 24 FUNERAL DIRECTOR

ADDRESS Connelly Funeral Home 300MaceAve 2122

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Prith Rossvill Balto Md

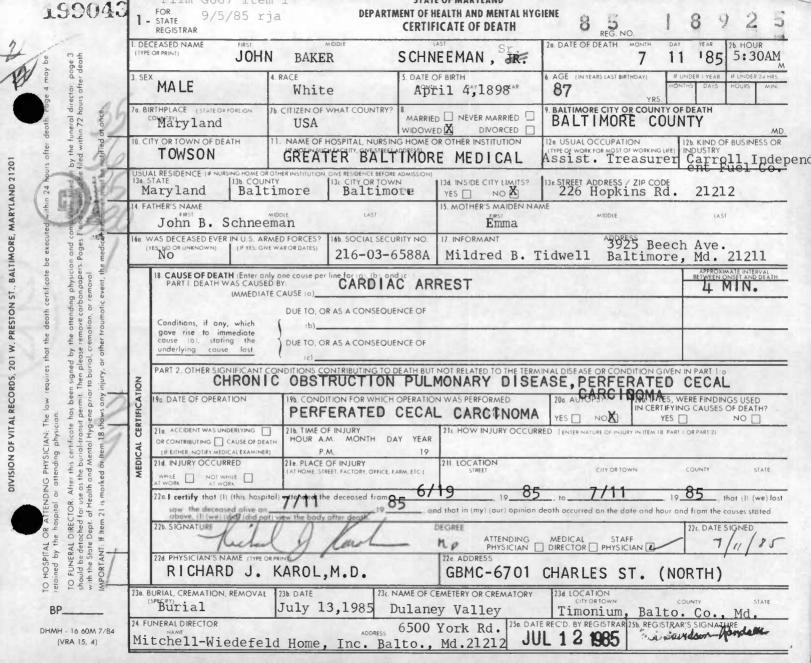
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C- DIAC ARREST

CHRONIC DESTRUCTION PULMONARY DISEASE, PERFERATED CECAL CARCHOMA
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. ne \		CLASED NAME	FIRST		widare		hrieber	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
10			Anna		M	SCI	HREIRER	July 4,19	985		6:40a M
(0)	1. SE	Female		4. RACE	4.0	5. DATE C	Dec. 12 1898	6. AGE (INTEARS LAST BIR	THÔAŸ)	UNDER I YEAR	HOURS MIN.
	≱n R	IRTHPLACE (STATE OR FI	OPEIGN	Whi	WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS.	EDEATH	
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been signed by the attending rmit. Then please remave carba prior to burial, cremation, ar re any injury, ar ather traumatic e	CERTIFICATION	Canditians, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last	DUE TO, OI	R AS A CONSEQUIEXACERBATER AS A CONSEQUENTRIBUTING TO BE FAILURE	ENCE OF ENCE OF	ARY ARREST OF CHRONIC OBS NOT RELATED TO THE TERM N WAS PERFORMED	C	DISEASE DITION GIVEN	VERE FINDING	GS USED
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ATTENDIP Ispital or CTOR: Al for use of d for use or of Healt		220 I certify that (1) saw the decease abave, (V(we) (d	(this haspited alive and	al) attended the	e deceased fram_ 19_8 after death.	. ar	nd that in (my (aur) opinian o	, ta July_4 death accurred an the do		00	nat (I (we) ast auses stated
y the how the house detached tote Dept tote Dept		22b. SIGNATURE	UA	Luci	lell Ric	3	ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR PHYSIC		22c. DATE S	
retained by TO FUNERA should be do with the Stat			Kaya	leh M.D.			9000 Frankl	in Square D	r.		
BP/	23a E	BURIAL, CREMATION, I	REMOVAL	7/8/		rdens	emetery or crematory of Faith Cem		0 - 4		
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	uzdzinski	Flatfor	The man	STATE AND	Old E	astern Ave	E 6 5 1985 RAR	25b. REGISTRY	IL WEIGHT LAN	Hell

The state of the s elskope, ... Livis .a livical in l . winew to all follow and the state of t and the following see by and the medium The state of the s DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG.	NO.	1	8	9	2
OF	DEATH	MONTH	DAY	YE AF	2	b HOUR

1. DECEASED NAME	FIRST	,	AIDDLE	ı	A51	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 4
(TYPE OR PRINT)	Georg	е	A.	Schre	enker		7 4	85	M
3. SEX	4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		INDER I YEAR	
Male		White		127	12^ 13^	71	YRS.	THS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE	DR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
Maryland	1000	TI	SA	WIDOWE	Transfer and the second	Balt	imore (Count;	у мр.
10 CITY OR TOWN OF D	EATH 11.	. NAME OF I		G HOME C	OR OTHER INSTITUTION	126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND (OF BUSINESS OR
Perry Hal	1	8526	Vollmert	Ave.	21236	Maintenar	nce	Mar	tins
USUAL RESIDENCE (IFNI 130 STATE Maryland	136 COUNTY		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
I FATHER'S NAME	Baltin	пот.е			YES NO XX	8526 Vollm	ert Ave	enue	21236
FIRST	MID	DLE	LAST		FIRST	WEDDIE		LA.	ST
John			Schrenke	r	Agnes			Kunke	el
60 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
Yes, no or unknown)	(IF YES, GIVE W		217-12-9	826	Jo Anne Chy	ba 4303 Mis	pillion		
	WAS CAUSED B IMMEDIATE C	Y. /	line for (0), (b), and	PAL	INFARCTI	ON		BETWEEN	CONSET AND DEATH
Conditions, if a	ny, which	DUE TO, OI	ARTENUE	DSCLE	SPORC CAPI	DOVASCUL	412	YE	MRS.
gove rise to i couse (a), sta underlying cou	ting the "	DUE TO, OI	R AS A CONSEQUE	NCE OF	DISTASE	5			
	GNIFICANT COM	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	10.
19a DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WIN CERTIFY IN	G CAUSE:	NGS USED S OF DEATH?
OR CONTRACTOR F	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)	
OR CONTRIBUTING L. (IF EITHER NOTIFY M. 21d. INJURY OCCU. WHILE NOTIFY M. AT WORK AT WORK	WHILE NORK	21e PLACE ((AT HOME, STE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CATY OR TO	wn	COUNTY	STATE
22a.1 certify that	(1) (this hospital)	ottended th	e deceased from_			, to	., 19.		that (I) (we) lost
	osed alive an		19	, or	nd that in (my) (our) opinion	death occurred on the do	ate and hour ar	d from the	causes stated
22b. SIGNATULE) (did) (did not) v	iew the body	otter deoth.		DEGREE			22c DATE	SIGNED

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached

MPORTANT:

296-1464) Kleeman 236 DATE 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

runeral

7-8-85

231 NAME OF CEMETERY OR CREMATORY St. Jos. Ch. Cem.

22e. ADDRESS

Osler Bldg.

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Towson, Maryland

Baltimore County, Md.

21204

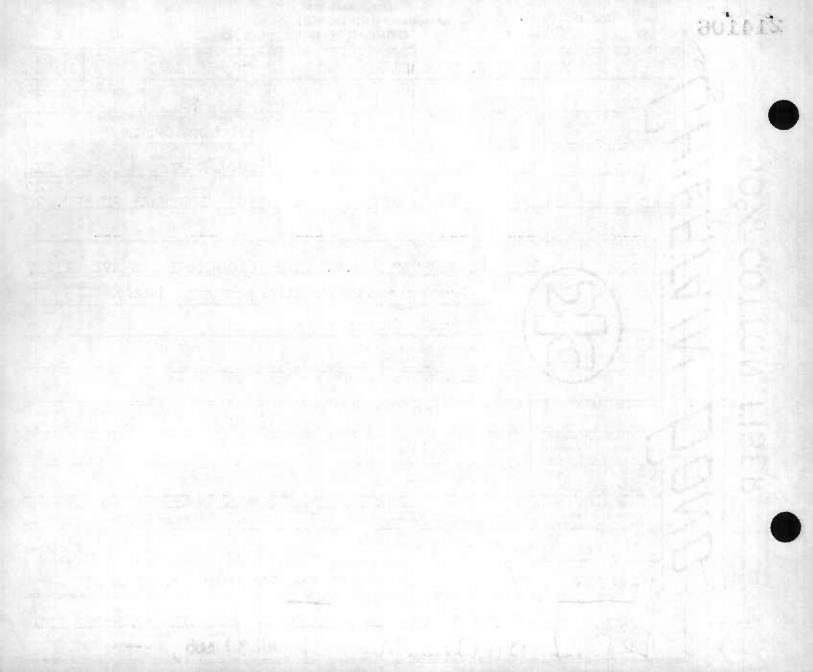
24 FUNERAL DIRECTOR

Burial

7401 BelAIR BALTO. Mb. 21

Belair Rd 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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		STATE OF THE STATE	
		21,0811/A W	



ENDING PHYSICIAN: The low

N.	5	0	0	8	02	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal.

MMORTANT: If them 21 is marked or them, 18 shows any injury, or after troumatic event, the medical examiner must be notified at another.

FOR STATE REGISTRAR

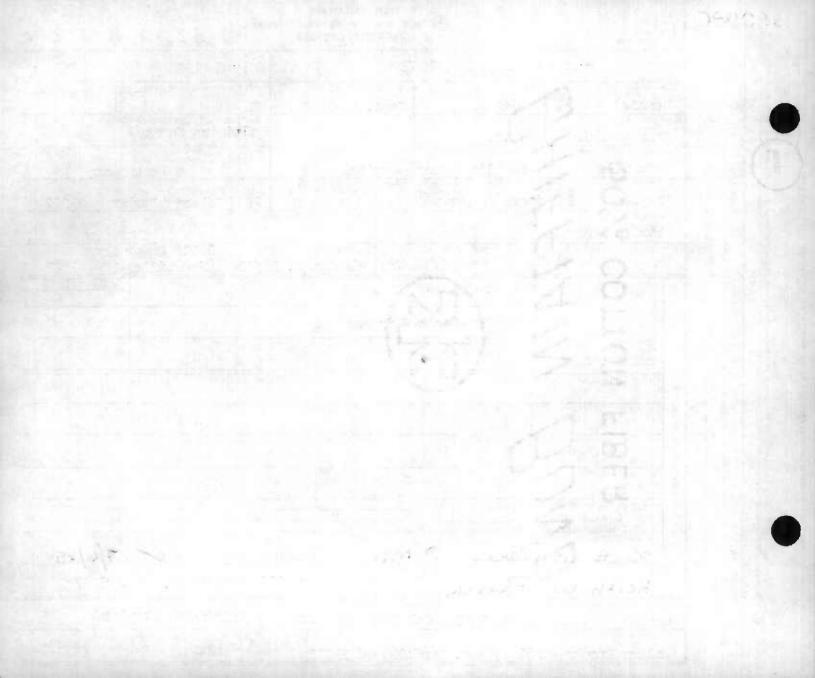
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	8	

8 9 2

		KEOISTRAK						REG. N	0.				- 30
		CEASED NAME Blanch		ah SCHU		AST		July 6, 19		DAY	YEAR	²⁶ ноυ 5:20	
	3. SEX	X	4 RACE	LE RE	S. DATE C		1112	6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER		IF UNDER	
1		'emale	White		Sept		2	92	YRS	MONTHS	DAYS .	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN -	76 CITIZEN OF W	HAT COUNTRY?	8 AAA DDIE	NEVER MARK	RIED 🗍	9 BALTIMORE CITY			ATH		
2	P	ennsylvania	U.S.A.		WIDOWE	DIVOR	CED 🔲	Baltimore					MD.
7		TY OR TOWN OF DEATH	(IF NOT IN SUCH F	FACILITY, GIVE STREET	ADDRESS)	or other institut	ION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING L	nemal	USTRY	BUSINE	SS OR
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GI		ADMISSION)	13d. INSIDE CITY L	IAA ITS2	13e STREET ADDRESS					
?	M	aryland Balt	imore	Dundalk		YES NO	X	2906 Liber			ay	2122	22
1		THER'S NAME	WIDDLE	LAST		15 MOTHER'S MA	IDENNAM	WIDDIE			LAST		
Z	C	harles Henry Mo	Gee				odosi	.a		McKe			- 12
1	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECU	RITYNO	17 INFORMANT		1419	2 Cec	dar I	Lane		
	N	VAS DECEASED EVER IN U.S. AF XES NO OR UNKNOWN) (IF YES, GI	The state of the s	213-74-4	1557	Eleanor	S. R	iffle Kind	gsvil			2108	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe	าโต๊กล้าง	Edem	7				- 81	APPROXIA	NATE INTER	DEATH
	-		TE CAUSE (a)							-			
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		gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR	as a conseque	NCE OF								
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)		21a. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY MONTH DA	AY YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR F	PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	5111		19								
H	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	FINJURY	ARM, ETC)	21f LOCATION		CITY OR TO	WN	COL	INTY	5	TATE
	-	WHILE NOT WHILE AT WORK		E TOFOE	6-2		-05	7.6			O.E.		
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		saw the deceased alive or abave X (we) (did) (dXX	X view the bady at	ter death	85ar	d that in (Xy) (aur)	apinion d	death accurred an the d	ate and ha	ur and tr	am the c	auses sta	ited
		22b. SIGNATURE	~			DEGREE				220	DATES	IGNED	
		Keith	· Calke		WE	PHYS	IDING _	MEDICAL STA DIRECTOR PHYSIC			7/6	85	
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	nank1	lin Square	Dω		2123	7	
		KEITH W		LER				<u> </u>	Dr.		2123)/	
	13	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	07/08/1			n Cemetes		Baltimo	ce, Ma	aryla	and	51	TATE
		UF1a1 UNERAL DIRECTOR	10.7/00/1	000	as TIM			REC'D. BY REGISTRAR	75% REGIS	TRAR'S S	IGNATI	1RF	
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DHMH - 16 60M 7/B4 (VRA 15, 4)



	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH 8 5 REG. NO.	8 9 3 0	
205		CEASED NAME FIRST OR PRINT) Grad	ce Josephine Sch	itz	July 7, 1985	DAY YEAR 2b. HOUR	
No	3. SE.	F	4. RACE	Dec. 22, 188	6. AGE (IN YEARS LAST BIRTHDAY) YEAR 101 YRS.		
2 Longe		RTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76 CITIZEN OF WHAT COUNTRY?	MARRIED L NEVER MAR WIDOWED DIVOR	CED Baltimore Co.		
P. C.		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN 11 PROT IN SUCH FACILITY, GIVE STREET 233 Rodges	rs Forge Road	TION 120 USUAL OCCUPATION ITYPEOF WORK FOR MOST OF WORKING HOMEMAKET	LIFE) 126 KIND OF BUSINESS OR INDUSTRY	
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exomine (Ferson Reilly		ry Elizabeth Courson	tourson	
medica		VAS DECEASED EVER IN U.S. A (ES, NOOR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 010 05 9		arles Mitchell 104	Cross Keys Rd	
njury, ar ather traumati	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	THE TERMINAL DISEASE OR CONDITION G		
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MANT: If Hem 21 is mo		saw the deceased olived above (11) we) (did (did n) 27b. SIGNATURE Walla 27d. PHYSICIAN'S NAME (TYPE		DEGREE	9 , ta	au) and Iram the causes stated 22c. DATE SIGNED 7/8/85	
		77 71	_	1000	to a		
IMPORTAN	23n F	Walter R. W	elzant, M.D.	6100 YO	rk Rd., Baltimore, M		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

THE REAL PROPERTY OF THE PROPE 11 11 (.∩ + ±c + ±c . It is a second of the second and a second Elizabeth a mar fill age and mile

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 182004 26. DATE OF DEATH MONTH 26 HOUR DECEASED NAME TYPE OR PRINT IF UNDER I YEAR AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 3. SEX MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED [DIVORCED' 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE ADMISSION)
130. STATE 1 136. COUNTY 138. CITY OR TOWN 13d INSIDE CITY LIMITS? 14. FATHER'S NAME MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] unchow APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) da Failure PART I. DEATH WAS CAUSED BY Turant IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICATI 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED N CERTIFYING CAUSES OF DEATH? NO I YES iol-tronsit particular sho 210, ACCIDENT WAS UNDERLYING -21h, TIME OF INJURY HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH and Mental WEDICAL (IF EITHER, NOTIFY ME CALEXAMINER) P.M. 211. LOCATION 21e. PLACE OF INJURY 71d. INJURY OCCURRED COUNTY STATE AT HOME, STREET, FACTORY, OFFER PA - Tune 22a.1 certify that (1) (this haspital) attended the deceased from 27-6 and that in (my) (and) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE Dept 7-1-88 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 苯 MPORTANT. 22e. ADDRESS 274 PHYSICIAN'S NAME (TYPE OR PRINT) should be TO show 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE (SPECIFY CITY OR TOWN COUNTY STATE Removal 7/2/85 BP. 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SICHOLIURE BO 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 ADDRESS (VRA 15, 4)

Balto. Md

Anatomy Board

STATE OF MARYLAND

Comment Armel Crafter Fritzer They year! 78 1 PULID 12 and provided 7.1.85

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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25	and a	1
0		6
	REG. NO.	

380	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL H	8 5	18	9 3 2	
97. TH	1 DE	EASED NAME FIR	20.7	MIDDLE		AST	REG. NO	D. MONTH DAY YEAR	2b. HOUR	
100		OR PRINT)				nat-	20 DATE OF BEATT	7/22/45	- 11	
b		EDI	MEIC	E	0	CO11	ACE WARRENE LACE BOX	INDAY) IF UNDER 1 YE.	AR IF UNDER 24 HRS	
10.01	3 SEX		4 RACE			F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAY		
-	2	Female		ack	2	28 1902	83	YRS		
28		RTHPLACE (STATE OR FOREK	ON 76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	0 ,	
2		aryland	U. S	. A.	WIDOWE	, =	1 70WS	ON BALTI	O. CTYMD.	
R	Name and Address of	TY OR TOWN OF DEATH			G HOME C	R OTHER INSTITUTION	12ª USUAL OCCUPATION		O OF BUSINESS OR	
20		TONSON	ST. Jos	EPH5H	SDIT	AL	(TYPE OF WORK FOR MOST OF Domestic		Family	
279		AL RESIDENCE (IF NURSING H	OME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	71P CODE 6234	Falls Road	
5	M	aryland		Baltimo		YES NO		Maryland 2		
651	14 FA	THER'S NAME			100	15 MOTHER'S MAIDEN	IAME			
H	1	William	MIDDLE	Scott		First Henri	MIDDLE	Gre	LAST	
1	160 V	AS DECEASED EVER IN U		16b. SOCIAL SECU	RITY NO.	17 INFORMANT		1s & Road	en	
			YES, GIVE WAR OR DATES)	220-20-4	I amount				1 01 000	
		NO.		220-20-4	UZI	Marie S. Bro	own Baltimor	e, Maryland		
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OHO.		Conditions, if any, wh		(D) (V) ((2) Acul	6 L-1800a	ele 3 The	-l	
		gove rise to immedia	ote	<u>e</u> , <u>c</u> o .	•	(8)				
		couse (o), stating underlying couse le		R AS A CONSEQUE	NCE OF	. 0	1			
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	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART	110	
1	CERTIFICATION	19a DATE OF OPERATION	1 19b COND	ONDITION FOR WHICH OPERATION		N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	'ES, WERE FINDINGS USED	
1	5							IN CERTIFYING CAUS	SES OF DEATH?	
1	RT	at According to				In. Howard him	YES NO	YES	NO 🗌	
1		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		M. MONTH DA	Y YEAR	ZIE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	1)	
7	N N	(IF EITHER NOTIFY MEDICALE		M.	19	01121 F121-27-52				
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	-	AT WORK AT WORK	1		17/1	6	71	27 85		
		22a I certify that (I) (this	/		E COLL	, 19 0		1900	_, that (I) (we) last	
	-	obove (1) we did	did not) view the body	after deoth.	, or	id that in (my) (our) opinio	on death occurred on the do	ite and hour and from t	he causes stated	
		22b. SIGNATURE			500	DEGREE	Table 1887	22c DA	JE SIGNED	
		2	K. 7	0 11	un O	ATTENDING PHYSICIAN			22/44	
+		22d. PHYSICIANS NAME	(TYPE OR PRINT)	wordt.		22e ADDRESS	DIRECTOR PHISIC	IAIN	-102	
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		0.10.	1001	<011-		7600	Oster 1) r -	21207	
	23a B	URIAL, CREMATION, REM	P		NAME OF C	EMETERY OR CREMATOR	Y 234 LOCATION	COUNTY	STATE	
		Burial	7/27/		. Nat	ional Mem. F	k. Laurel.		Maryland	
9.4	24 F	Witter Son	s Funeral	Home, Inc	•	25a. D	ATE REC'D. BY REGISTRAR	256. REGISTRAD'S SIGN	ATHER -	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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Burlal /27/12 2 2d Ballons .es Ec. Laurel Large and mileton and brond since a received 2502 O your Falls Parces, & Beaton Ma. 21516 [1] 2 | 1-178

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 26 HOU (TYPE OR PRINT) OF ESTI-DEATH MATED MARY SCOVERN 4 RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED Female White 1 30 09 DEAD 76 YRS 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT Y OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY U.S.A. Varyland DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120. USUAL OCCUPATION TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Greater Baltimore Medical Center TOWSON Supervisor State Md. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Timonium NO IX 13 East Main Blvd. 21093 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John MIDDLE Donnelly Mary E. Brazier 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Queenstown, Md. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-05-7998 Ambrose J. Donnelly Rt. 1 Box 217 21658 18. CAUSE OF DEATH (Enter anly ane cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSTQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 18s DATE OF OPERATION 19), CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? THE EXTERNAL CAUSE WAS 219. TIME OF INJURY THE HOW INJURY OCCURRED LEWISE WATURE OF BLUET IN 15th INFART LOR PART 25 HOUR A.M. MONTH DAY YEAR UNDERLYING OF CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, STC.1 CITY OF TOWN COUNTY AT WORK AT WORK 22s. I certify that I took charge of the remains de Autopsy and in my painton death resulted fro Undetermined manner Charles F. O'Donnell, M.E. 7501 York Road DEBURIAL, CREMATION REMOVAL TIE DATE 12c MAME OF CEMETERY OR CREMATORY COUNTY Entombment 7/6/85 Dulaney Valley Cemetery Cockeysville Md. 24. FUNERAL DIRECTOR **DHMH-17** Mitchell-Wiedefeld 6500 York Rd. (VR A15 ME (5)) 15M 7/76

Allert Comments of the Comment of th addiving the grant of all sports that it is appropriate

,_	Film G607 item 13e, 18 STATE OF MARYLAND FOR 9/5/85 rja DEPARTMENT OF HEALTH AND MENTAL HYGIENE OA 2557
226041	REGISTRAR CERTIFICATE OF DEATH REG. NO.
12 31 nd	W. Seabold 10 Date of Death Month Day 18 10 Hour
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35	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALT I MORE CO.
by the filled with	CITY OF TOWN OF DEATH / 17 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF VORKING LIFE) 176 KIND OF BUSINESS (TYPE OF NORK FOR MOST OF TYPE
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N3	FATHER'S NAME MIDDLE
(B)	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO INFORMANT ADDRESS 218 - 44-7760 DR. G. WILLIAM SEABOLD GLYNDON, MD
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ENDING of or off Use as the Health o	270 I certify that (I) (this haspital) attended the deceased from
OR ATTE or hospith DIRECTO sched for Dept. of f frem 21	sow the deceased alive an another the body afterstration and that in (my) (our) opinion death accurred an the date and hour and from the causes stated ATE SIGN TO THE SIGN TO
그 부 그 부 의 그	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
TO HOSPITA retained by TO FUNERA should be di with the Sto	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP	REMATION JUL 7,85 CARROLL CREMATION HAMPSTEAD, MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR ADDRESS LINE FUNERAL HOME REISTERSTOWN MD. 1250 DATE REC'D. BY REGISTRAR' 256. DEGISTRAR'S SIGNATURE JUL 10 1985 Guilla Davider Record.

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HILL DRIVE VICE PRES.

12 WORTHINGTONHILL DR. 21074

SHOEMA ...

. WILLIAM SEABOLD GLYNDON, MD.

JUL 7,85 CARROLL CREMATION HAMPSTEAD, MO.

ELINE FUNERAL HOME REISTERSTOWN, MO.

STATE OF MARYLAND		ST	ATE	OF	MAR	YL	AND
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	3. SE	, 11////	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
4 90 40		EMALE	WHITE	JULY	20, 1936 YEAR	48 _{YRS.}	MONTHS DATS HOURS MIN.		
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thed the		SXXXXXXXXXX	(IF NOT IN SUCH FACILITY, GIVE ST BALTIMORE CO	OUNTY GE	IN. HOSP.	(TYPE OF WORK FOR MOST OF WORKING LIF			
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The law recion. The has been sit permit. Giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
SICIAN: The long physicion. certificate has riol-transit per ental Hygiene ttem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)		
PHY trending the bund M and M ed or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
TENDING pital or a TOR: After or use as or use as or use as		22a.1 certify that (I) (this hospi	tal) ottepded the deceosed fro	0.6	d that in (my) (aur) apinion of	death occurred an the date and hour	19, that (I) (we) last and from the causes stated		
the hosp L DIREC efoched in re Dept.		22b. SIGNATURE	view the body ofter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7. 10.8		
TO HOSPITAL TO FUNERAL should be det with the State MPORTANT:		A A JOU T	RA GOVIN	DA RA	127e. ODDROSS Saltin	rose Grentis	PNC HOSPITAC		
D € C € ₹ ₹	23a E	SURIAL, CREMATION REMOVAL SPECIFY) BURIAL		37 17 32	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTIMORE	MARYLAND		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	UNERAL DIRECTOR SOL	LEVINSON & BROS	MD INC	215 25a. DATE	E REC'D. BY REGISTRAR 25h, REGIST			

101 1 6 1865 - resultando frances

DHMH - 16 60M 7/84

(VRA 15, 4)

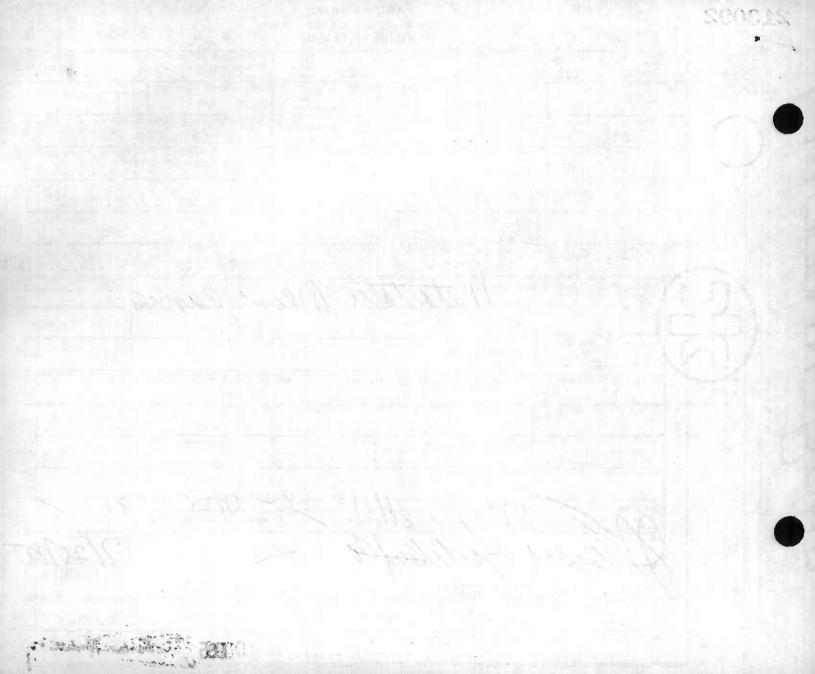
24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 2121

(SPECIFY)

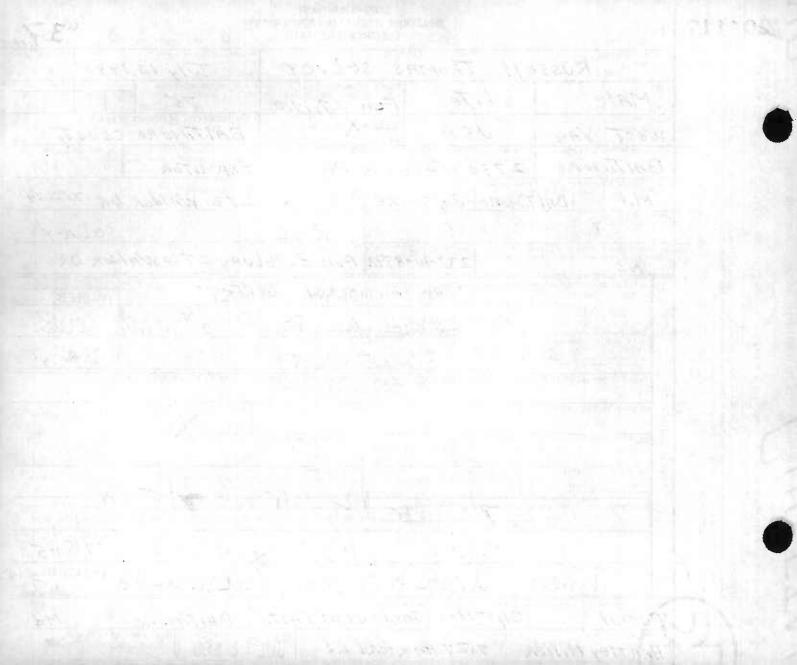
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7/26/85 SOL LEVINSON & BROS., INC.

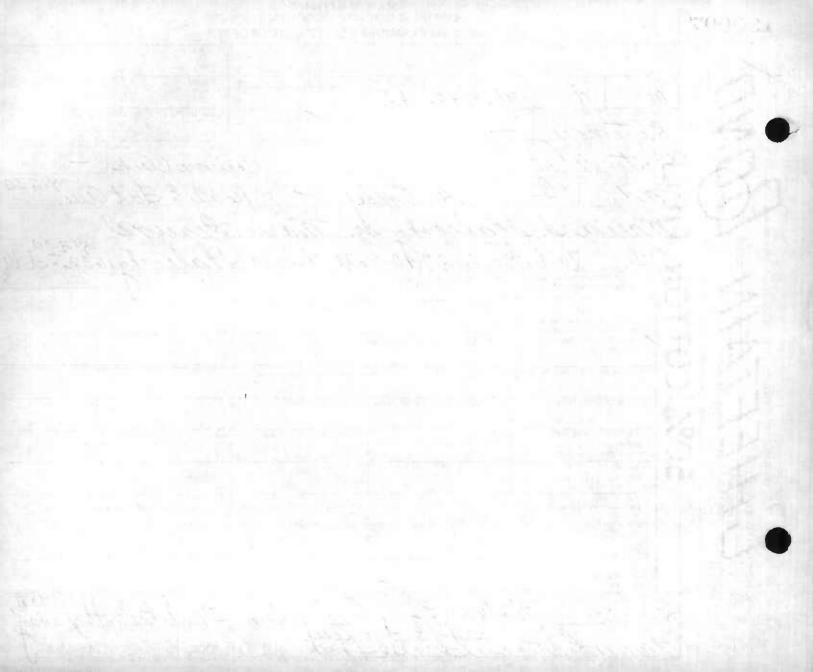
BALTIMORE BETH YEHUDA CEM



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/204117	1 -	STATE REGISTRAR		DEPAK		EALTH AND MENTAL HY ICATE OF DEATH	8 5 _{G.1}	10.	8 95	BUZER	
ay be bage 3 death		EASED NAME FIRST RUSS	e//	Thom	75 S	selver	20. DATE OF DEATH		1985	2b HOUR A	
ge 4 may ector, pag	3. SE)		4 RACE Wh	S. DATE OF BIRTH S. DATE OF BIRTH PEB 27, 1910 TIZEN OF WHAT COUNTRY? S. MARRIED X NEVER MARRIED WIDOWED DIVORCED D			6. AGE (IN YEARS LAST E	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS A			
neral dir. m 72 hou		OUNTRY) CST A					BAITIMORE CITY OR COUNTY OF DEATH BAITIMORE COUNTY ME				
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BALTIMORE, MARYLAND 2120 one e executed within 24 hours from and completely filled in by the Page Tand 2 should be fill you in, the medical examiner and the nit,	13a. S	TATE 13b. COU	TIMORE	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO		Aldor	DR Z	2/234	
MARYL ompletely and 2 sh	14. FA	THER'S NAME FIRST	MIDDLE	? LAST		15. MOTHER'S MAIDEN N ROSC	WIDDIE		seli	vex	
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RESTON S alternation and configuration		Canditians, if any, which		OR AS A CONSEO	UENCE OF	ASCUD	COMPLETANI	Entrucu	& W	ells	
by the o		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQ	UENCE OF	ARCIN	N NE	0	15	ps.	
RDS, 201 equire n sign Then the to bu injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	EN IN PART 110	,	
RECOI low re as been respected	CERTIFICATION	148 DATE OF OPERATION	HE CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO		, WERE FINDIN YING CAUSES		
ON OF VITAL IYSICIAN: The ding physicion is certificate h burial-tronsit promoter than the mental Hygies pr frem 18 st&		236. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALISE OF DE- LIF EITHER, NOTIFY MEDICAL EXAMINE	ATM HOUR	OF INJURY A.M. MONTH I	DAY YEAR	THE HOW INJURY OCCU	RRED (Amtex mature of m	DEV IN TEM 18. PA	SET I OKEART 21		
DIVISION DING PHYS or attending After this can the bur alth and Me marked or the	MEDICAL	THE INJURY OCCURRED WHILE OF NOT WHILE OF	21e. PLACI	E OF INJURY STREET FACTORY OFFICE	Faller, ETC.)	TH LOCATION	cirvox	7	COUNTY	STATE	
N R. P. Los	1	22s.1 certify that (1) (this hasp say the deceased alive ar above, (1) (we did) (did no	-	13 19		d that in (my) (our) opinion	to to	date and hour		that (1) (we) last lauses stated	
at OR ATTE the hospita at DIRECTO etoched for the Dept. of H it if Hem 21		ZIE SEGNATURE	~ \	100		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	77. DATE	SION D	
TO HOSPITAL retained by the TO FUNERAL should be dest with the State with the State impost and the State impost an		BARR	MI	North	M.C	2003	Eveksen		A FORE	STHIN, MY	
BP	230. E	URIAL, CREMATION, REMOVAL		- 100 -		EMETERY OR CREMATORY WS OF FAIT	23d. LOCATION	MORE	COUNTY	Md.	
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	INERAL DIRECTOR PARTIEY MILLE	R :	752719	R for		TE REC'D. BY REGISTRA	RIBBREGIA		ndels	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 190007 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 26 HOUR LYMPE COR PROVED ESTI-Shalcosky, Jr. DEATH MATED Marion Stanley 19 85 SEX 4. BACE S. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 19 85 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE NEVER MARRIED DIVORCED Baltimore County, WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY I-695 Key Bridge Causeway 2120 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY: Multiple Injuries MAMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) INER: THIS CERTIFICATE SHOUD SIGATE, WRITING THE WOOD FE E FORWARDED TO THE CHEEN TYOR: PAGE 3 SHOULD BE USED. THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL CA 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) driver of toll facility pick-up truck, center line, struck by tractor trailer HOUR A.M. MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 11:57%. 7/ 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) AT WORK XX AT WORK bridge Key Bridge Causeway, Sparrows Pt., Balto.Co., Md. 229 I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my apinian TO MEDICAL EXAMINI
EXECUTE THE CRETIFIC
PAGE 4 SHOULD BE FAGENERAL DIRECT
AFTER DEATH, WITH THE
BALTIMORE, MARYDAI Agaident, XX death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/4/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St (TYPE OR PRINT) ADDRESS. 07/84 25M DATE REC'D BY REGISTRAR **DHMH - 17** (VR A15 ME (5))



FOR - STATE REGISTRAR

Virginia

A RACE

Walter Brooks Bradley Inc. Balto., Md. 21222

I DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Sheetenhelm

LAST

MIDDLE

Frances

8	REG. NO.	
-	REG. NO.	

July 8, 1985

20 DATE OF DEATH

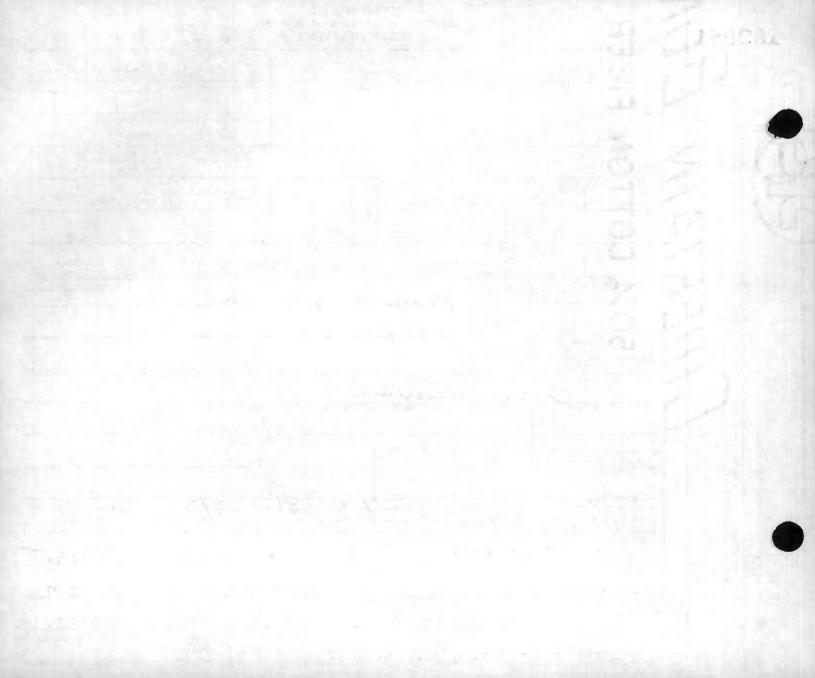
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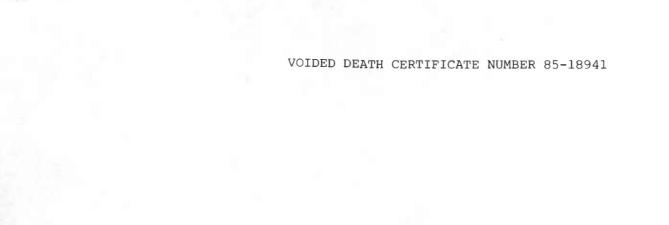
200	s ofter de roge 4 may be	by the funeral director page 3 filed within 72 hours after death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2129	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hads after dather rage 4 may be a hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 shed for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death best, af Health and Mental Hygiene prior to burnal, cremotian, or removal.

	J. J.		Female W			White 7 4 1899				86 YRS MONTHS DAYS HOURS MI				
6/0)	7a. BI	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF				9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County MD.						
Olbace	(Virginia	rginia U.S.A. WIDON										MARRIED	
9	10, C	ITY OR TOWN OF DEA	TH	11. NAME OF		G HOME C	ME OR OTHER INSTITUTION 120 USUAL OCCUPATI			IPATION	12b. KIND O	F BUSINESS OR	_	
notified		Rossville			or Care -		sville		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker					
ust be		AL RESIDENCE (IF NURS	136 COUN	VIA	GIVE RESIDENCE BEFORE		13d INSIDE O	TITY LIMITS?	13e STREET ADDR					
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mulus Mulus	14 FA	ATHER'S NAME		MIDDLE	LAST			S MAIDEN NA	ME	DLE	LAS			
Cš		John		Lewis	Robert			llie		nn	Fo	ord		
olico		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECUI		17 INFORM			DDRESS				
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na buna njury, ar	-	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	O TO THE TERM	IN AL DISEASE OR	CONDITION GIV	EN IN PART 110)	=	
	ON		5	even	Senes	con	u							
prior	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				_	
Siene	RTIF								YES NO	YE YE	5 🗌	NO 🗌		
Health and Mental Hygie is marked ar Item 18 sha		21a. ACCIDENT WAS UNE	_	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	NJURY OCCURE	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART I OR PART 2)			
tento	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER	n P.,		19								
nd h	MED	21d INJURY OCCURI		21e PLACE (OF INJURY BEET, FACTORY, OFFICE FA	ARM, ETC)	21f LOCATE		CITY	OR TOWN	COUNTY	STATE		
norke		AI WORK AI WO	RK				111	01	2	10	-31		_	
l is n		22a I certify that (1)	ed olive on	6/14	19 5	1 . 01	nd that is (my	(bur) opinion	death occurred on t	he date and hau		that (li)(we) los	1	
pt. of em 21		22b. SIGNATURE	did (did no	t) view the body	ofter death.		DEGREE				22c. DATE		-	
i If It		N	. 9	Har	mu		A	ATTENDING A	MEDICAL DIRECTOR PH	STAFF	7/0	314-		
Stol		22d. PHYSICIAN'S NA	AME (TYPE C	PR PRINT)			22e ADDRES		DIRECTOR	TSICIAN [1 //	1101	-	
with the State Dept.		Dr. Nadji	J. I	Taroun			901	Fasterr	Blvd. Es	ccov Ma	brelve	21221		
3 ₹		BURIAL, CREMATION,			23c. N	IAME OF C		CREMATORY	23d. LOCATION			La I. La I.	=	
	L '	Burial		7/11/	1985 Mt.	Zior	U. Me	th. Cen	n. Mt. P.	leasant.	Frede	rick. M	d	
11-1	24 Ft	UNERAL DIRECTOR						25a DAI	E REC'D, BY RE	RAR 256, REGIST				

DHMH - 16 60M 7/B4 (VRA 15, 4)



	1	STATE OF MARYLAND	
217066	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE	
~T1000	1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REG. No.	3 9 4 0
		DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONT	TH DAY YEAR 26 HOUR
3 8 8 8 E	1,,,	JASON SHIMONKEVITZ OF ESTI- 7-2	28-85,
A C E C E C E C E C E C E C E C E C E C	3. SE	SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS OF UNDER 1 YR. I IF UNDER 24 HRS. 24 DATE MONTH	H DAY YEAR 2d. HOUR
Z STEE	M.	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	28-85, 10:30/
A N N N N N N N N N N N N N N N N N N N		1 1	741
PRE HAR RES	FG. E	FOREIGN COUNTRY) MARRIED LI NEVER MARRIED XX —	
IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,		Maryland U.S.A. wdowed □ divorced □ Baltimore Cou	
SEE SEE	10. C	CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120 USUAL OCCUPATION (TYPE OF WORLING LIFE) FOR MOST OF WORKING LIFE)	OR INDUSTRY
SE POLIT	1	Woodlawn 7045 Rudisill Ct. Apt 1 A Child	0.11.000.11.1
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	USU	SUAL RESIDENCE (IF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Apt. 1 A
ANY AND RETA HOUL RECO		Maryland Baltimore Woodlawn 13d. INSIDE CITY LIMITS2 13d. STREET ADDRESS 13d. TREET ADD	
MD. 2 H. IF A 3. 1 2 SH TAL R	$\overline{}$	FATHER'S NAME. 15 MOTHER'S MAIDEN NAME	21207
4 F-SOF		FIRST MIDDLE LAST FIRST MIDDLE	LAST
A S S S S S S S S S S S S S S S S S S S	140	Charles Shimonkevitz Bonnie Scan was deceased ever in u.s. armed forces? 166 SOCIAL SECURITY NO. 17. INFORMANMT. and Mrs. Cherles	nnell
Bag 2 /			
1 STEWN		No 7045 Rudisill Court Apt. 1	A Balto.2120/
10 mg		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A TANALA		IMMEDIATE CAUSE (o) Sudden infant death syndrome	
STATE OF STA		DUE TO, OR AS A CONSEQUENCE OF	
E E SA TAN		Conditions, if any, which gove rise to immediate (b)	
W WENT ON THE WAY		couse (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
NAME OF THE PERSON OF THE PERS		lying cause lost.	
# HP4336		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
RECORDS TO BE EXECUTED BE EXEC	z		
HOULD BE RED "PEND PHEND PHEND "PEND "PEND PHEND "USED AS OF HEALT OR IALL, CRE	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
SHOULD ORD "PE CHIEF A FE USED VE HEL	2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL S CERTIFICATE SHOUL RITING THE WORD " RED TO THE CHIEF RE 3 SHOULD BE USE RE 3 SHOULD BE USE RE 10 FRIOR TO BURIAL OI PRIOR TO BURIAL	1 =		YES X NO
PANTE AND TO A STATE OF THE STA	8	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR UNDERLYING OR	PART 2)
ARECT SER	3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
VISI 3.S.F. P.E.P.	MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	
ARBITA SOL	>	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL REFERENCE SHOULD ATE, WRITING THE WORD. PER FORWARDED TO THE CHIEF MORE 3 A DR. PROPER SHOULD BE USED A DR. PROPER TO BURIAL, CHIEF MOR. 21201 PRIOR TO BURIAL		VV	
L EXAMINER: 1 E CERTIFICATE, DUID BE FORV H. WINECTOR: P. H. WINECTOR: AMARYLAND;			opinion
AN SHEET SHE		death resulted from: Notural causes XX. Accident , Suicide , Hamicide , Undetermined manner ,	
X S S S S S S S S S S S S S S S S S S S		ACTUAL WOLDS (The UGOOD ASSISTant DATE	7-29-85
ZHUZEN -	1	SIGNATURE M.D. MEDICAL EXAMINER SIGN	
AEDICOTE SE 4 SE FUNE		EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street	
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN		(TYPE OR PRINT)ADDRESS	
E21204	23a.B	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CO	DUNTY STATE
07/84 BP		Burial 7/30/85 Lake View Mem. Park Sykesyille Carro	
25M DHMH - 17	24. F	FUNEAU DIRECTOR OF BYERS FUNERAL DIRECTORS, Inc. 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S	
(VR A15 ME (5))	87	728 Liberty Road Randallstown, MD. 21133 AUG 1 1985 Min Swide	son-Randone





STATE OF MARYLAND 1.93044 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH YEAR 1. DECEASED NAME MIDDLE 76. HOUR July 4, 1985 :35 a M IF UNDER TYEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR INDUSTRY SKY 8015 SACAM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiac Arrest from Abdominal IMMEDIATE CAUSE (0) Distention with occluded Kaminski Tube Decubitus ulcers of Hip and Sacral Area PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) COUNTY STATE CITY OR TOWN ___ and that in (my) (aur) apinion death accurred on the date and haur and from the couses stated 72c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN /4/85 BP. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

15° 0 5° Maryara U.S.A. Turker Commence KESCORLE FRENKLING SOLLIES PETIHED Cartheline a a dash filter states JOHN STORM DENGLOSSES 214 15 3595 THERESH SADOSKY RUE SECONDERS LEGISLE THE STRUCTURE STRUCTURE STRUCTURE STRUCTURE North in his Killer successful 23 20 / 1650 it is a more than

THE PARTY							E OF MARYLAND				
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	3. SE			RACE	DI BUI	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	
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00	Te. B	RTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	_	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
カト		COUNTRY)	all 1	110	SA.	WIDOW	D NEVER MARRIED M	BALTIMO	DE CO	VTMI	M
137	10 C	TY OR TOWN OF DEATH	11.	NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b KIND	OF BUSINESS OF
26	1	OWSON		GBMC.	6701 N		ARLES ST.	(TYPE OF WORK FOR MOST	OF WORKING LIF	E) INDUSTRY	
25		AL RESIDENCE (IF NURSING				ADMISSION)		13e STREET ADDRESS	/ 7IP CODE		
タク		Md.			Balto.		YES NO NO		noak		21234
An	M-FA	THER'S NAME	MIDE	DLE	LAST		15 MOTHER'S MAIDEN NAM				AST
7.26	1		nthony		ole		Nancy Patrici	-	150		
Med		VAS DECEASED EVER IN	U.S. ARMEI		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
V		125,110 011 01111		0 0 (2.3)	FERR		Birth record	3-			
E.	1	PART I. DEATH WAS	Enter only o	ne couse pe	r line far (o), (b), an	dicis				APPRO: BETWEEN	XIMATE INTERVAL NONSET AND DEATH
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tro	100	Canditions, if ony, which gove rise to immediate									
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à	10.3	PART 2 OTHER SIGNIE	ICANIT CON	IDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION CIV	ENLINI DADÎ 1	
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81	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	WERE FIND	INGS USED S OF DEATH?
2/	E							YES NO		S [NO [
w []	18	21a. ACCIDENT WAS UNDER		216. TIME C	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM IB P	ART 1 OR PART 2)	
17	3	OR CONTRIBUTING CAL			.M.	19					
1	MEDICAL	214 INJURY OCCURRED		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
P. S.	Z	NOT WHILE		(AT HOME ST	REET, FACTORY OFFICE, F	ARM, ETC.}	PIKEEL	Cittoki	,,,,,		31816
J. M.		220.1 certify that (1) (the saw the deceased	nis hospital)	attended th	ne deceased fram_	7/	27 19 85	ta 7/28		19 85	, that (II (we) lo
27.5		saw the deceased above, (1) (we) (did	olive on	7/2	19_	85 .	nd that in (my) (our) opinian o	eoth occurred on the c	lote and hau	and from the	e causes stated
-		22b. SIGNATURE	Tula hore vi	ew the body	direr deam		DEGREE			22c. DATE	E SIGNED
#		1	NETER.	m.	0400		ATTENDING PHYSICIAN	MEDICAL STA	FF X	7	128/85
Z /	1	226 PHYSICIAN'S NAM	E (TYPE OR PRI	INT)	- 0		22e ADDRESS	DIRECTOR FITTS	CIAIN E.		7 7
MPORT /		1	mas	m D	enyes			GBMC 67	N In	CHADI E	c
3	73a I	BURIAL CREMATION, RE	MOVAL I	3b DATE	73, 1	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	OT M	CHARLE	3
		Cremation	TOTAL I	7/29/		GBMC	LINETERT OR CREMATORT	CITY OR TOWN		COUNTY	STATE
	24 F	UNERACTOR A		11631	05	GDFIC	25a DATE	Baltim REC'D. BY REGISTRAF	ore	RAR'S SIGNIA	TLIPE
7/84		12/5/11/07	No as	le	. ADDRESS	G	SMAP AL	8 0.1 3085	2 0	Davidson	~ · ·
5, 4)	_	1100	M m						1	2 12 22 1400	

A00:5 28-65-W

MINION BROMITLAS

TOWSON . CHARLES ST.

EXTREME PRENATORITY

. WINE 4. CAH C.

2/28 85/7 55 72/7

STATE OF MARYLAND 189100 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 1310 DEAD Female White 8 19 08 76 To BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland WIDOWEDY DIVORCED U.S.A. Baltimore County IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 2b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Dundalk 8208 Northview Rd. Housewife Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YES [8208 Northview Rd. Maryland Dundalk 21222 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Not Known Zacharda Not Known 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST No 216-18-9963 Mr. Richard K. Smith Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause perfin) for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? DRWARDED TO THE R: PAGE 3 SHOULD B E STATE DEPARTMEN 210 EXTERNAL CAUSE WAS 71h TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE TO MEDICAL EXAMINER: THE CERTIFICATE, YEACUTE THE CERTIFICATE, YEACUTE THE CERTIFICATE, ATTER DEATH, WITH THE STANDARD AND AMENTANDE. AMENTANDE. 20 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes Accident Undetermined manner death resulted fram: Hamicide DATE SIGNED. EXAMINER'S NAME J.CRO (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 3d LOCATION 23c. NAME OF CEMETERY OR CREMATORY BP Burial Baltimore 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Duda-Ruck Funeral Home 7922 Wise Ave. 21222 20M 4/B2

a self research lightness per maken are -13

SVKESVIlle, ML

236. DATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AT THE RESIDENCE OF THE PARTY O

231 NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORT p +

230 BURIAL, CREMATION, REMOVAL

Burial

FOR

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 363155FALLS Rd. 21211

7-15-85

23b. DATE

IF UNDER I YEAR

126 KIND

INDUSTRY

Fisher

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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NO [

STATE

Marie

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Cont. Can

Pikesville

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Ralph P. Woodward, M.D.

230 BURIAL, CREMAJION, REMOVAL

FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

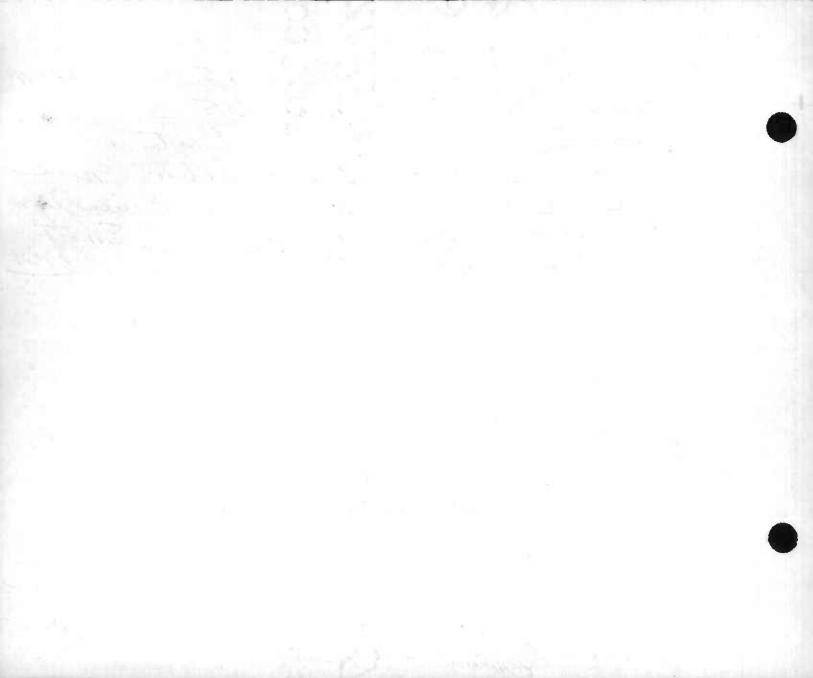
9000 Franklin Square Drive, 21237

JUL 29 1985 Julia Davidson-Hinter

26. HOUR

STATE

July 10, 1985



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	8
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3	S REG. N	10.	1	8	7	5	0
)F	DEATH	MONTH	DAY	YEAR	2b	HOUR	

REGISTRAR				CERTIFI	ICATE OF DE	AIH	Q	REG. NO.		9	1 00	
1 DECEASED NAME	FIRST	E-ML	MIDDLE	LA	AST		2a DATE OF	DEATH MC	ONTH D	AY YEAR	2b HO1	UR
(TYPE OR PRINT)	Wells		Anthony		Smith			Jul	v 18	1985		M
3 SEX		4 RACE		5. DATE O			6. AGE (INY	EARS LAST BIRTHO	DAY)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS
Male		Whit	te	Dec.	1 19	15	69		YRS	ONTHS DAYS	HOURS	MIN.
To BIRTHPLACE (S	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA	DDIED T	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
Marylan	d	US.	A	WIDOWE		RCED	Balti	more	Coun	ty		MD.
M CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT	UTION .		OCCUPATION		12b. KIND (OF BUSIN	JESS OR
Timoni	ım		trick Co		1093			1 Offic		State		ьм
JSUAL RESIDENCE		ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				71.00		Totale	01 1	.VIU.
Maryland	Balt	imore	Timoniu		136 INSIDE CITY	V LIMITS?	2. But	ADDRESS / Z ttrick	Cour	+. 210	193	
FATHER'S NAME			i iiiioiiia	411	15. MOTHER'S A	-			Cour	<i>u</i> , <i>u</i>	,,5	
Harry		MIDDLE	Smith		Eliza	beth		WIDDLE		Roser	ber	ger
160 WAS DECEASE	EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMAN	T		ADDRESS	5			
YES, NOOR UNKNO	(IF YES, GI	WWW II	212-01-	8809(A) M:	arguei	rite M	. Smit	th, 2	Buttr	ick	Ct.,
18 CAUSE O			r line for (a), (b), an	nd (c					1093		XIMATE INTE	
PART I. DE	ATH WAS CAUS	ED BY	Com		1 the	cola	ic		10,5		nay	
	IMMEDIA	TE CAUSE (a)		1			12-10-1				3.	
Con Price		DUE TO, C	R AS A CONSEOU	ENCE OF								
gove rise	if ony, which to immediate	(b)_						_	100			
cause (o), underlying		DUE TO, C	R AS A CONSEQU	ENCE OF						100		
		(c)										
	ER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR CONDI	HON GIVE	N IN PART I	10	
CERTIFICATION OF THE CATOR OF T	ODEDATION	LION COND	ITION FOR WHICH	OPERATION	NI WAS DEDECT	MED	200 AUTO	OPSY?	70h IF VFS	WERE FINDS	INGS US	ED
E IN DATE OF	OPERATION.	170. COND	THOUSE OR WITHEI	OFERATION	IN WAS FERFORD	VIED.			IN CERTIFY	ING CAUSE	SOFDEA	ATH?
H A ACCIDENT	WAS UNDERLYING [7 216. TIME C	NE INTITUDY		21c HOW INJU	IBV OCCUPE	YES	NO	YES		NO	
	NG CAUSE OF DE		M. MONTH D	AY YEAR	210.11044 11430	JKI OCCORK	CED (ENTER NA	TURE OF INJURY I	IM ILEM IR PA	RTTORPART2		
	IFY MEDICAL EXAMINE		M.	19	AV 10511101	1			177	-50		
21d INJURY C			OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	21f LOCATION			CITY OR TOWN	4	COUNTY		STATE
AT WORK	NOT WHILE AT WORK			All		20	4	10	100	0.1	1	
		C1	e deceased from) pur	1	19_03	, to	ruy!			, that on	
abave (1)	deceased alive of	at) view the body	after death.	43.1	nd that in (my) (a	ur) opinion o	death accurre	d an the date	ond haur			
22b. SIGNAT	1	/			DEGREE	ENDING	ASSICAL.	CTAFE			ESIGNED	-
					PH	IYSICIAN Z	MEDICAL	STAFF PHYSICIA	N	7-1	9-8	17
22d. PHYSICIA	N'S NAME (TYPE	OR PRINT)	1000	9-3	22e ADDRESS				.00		4	7.1
J. I	avid Na	gel, M.	D.		1205	York F	Rd., I	Luther	ville,	Md.	210	93
230 BURIAL CREMA	ATION, REMOVA			NAME OF C	EMETERY OR CR		23d LOC /	ATION				
Buria	ıl	7/20/	/85 Di	ulaney	Valley	Cem.	. Tim	nonium	n B	Balto.	1	Md.
24 FUNERAL DIREC	TOR	a Dolo	ewon					EGISTRAR 25	b. REGISTR	AR'S SIGNA	JUR Har	delle
Martin	D. Law	son, 10	W. Pad	onia F	Rd.	1	JULZ	4 1300	0			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, aremotion, WAPORTANT. If them 21 is marked or them 18 shows any injury, or other troums

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	G. N	0.	!	8	9	5	
E OF DE	HTA	MONTH	DAY	YE	EAR	26 HO	UR
		_					

		NE OISTRAIR								G. NO.				
4		EASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOL	JR .
	TITPE	OR PRINT)	Georg	ia	M.		Snyde	r		7	14	85		M
1	3. SEX	(1	4. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UN	DERIYEAR	IF UNDER	24 HRS
		ale	1491	White	,	MONI	H DAY	YEAR			MONTH	5 DAYS	HOURS	MIN.
1						10	17	10	74	YR				
		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	D NEVER	MARRIED -	9 BALTIMORE C	TY OR COU	NTY OF E	EATH		
6		vland	2 12	ī	ISA	WIDOW	_	NORCED	Bal	timore	Cou	ntv		MD.
ń		TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL NU	JRSING HOME			12ª USUAL OCCL	PATION	12	b. KIND O	F BUSINE	ESS OR
/-				15 19 65 SUC	Deanwo	od Rd	21234		Nurse	OST OF WORKIN	G LIFE) IN	Ood	Sama	ritar
4		1 timore	210 110 110 110				C-1-74		Marbe					
2	13a S	TATE	136 COUN	TY	13c. CITY OR		13d INSIDE	CITY LIMITS?	13 STREET ADDR	ESS / ZIP C	DDE ,	n	ospi	rat.
2	Ma	ryland	Balt	imore			YES 🗌	NO XX	1265 De	anwood	Rd.	21	234	
60	14 FA	THER'S NAME	1000				15. MOTHER	S MAIDEN NA						
8		John	^	AIDDLE	Š	kapik	6 YY	Mary	MID	DŁE	M	asek	T	
F	16a W	VAS DECEASED EVER	IN U.S. ARA	AFD FORCES?	16h SOCIAL	SECURITY NO.	17 INFORM	ANT	A	DDREAS DO				
		(ES, NO OR HINKHOWN)		WAR OR DATES)		7-6734			yder, Jr.		_			130
3		140	L		210-0	1-0174	James	or on	yder, Jr.	Licriim	all,			
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter onl	y one couse per	lige for (o), (b	of and id	A A		1,11			BETWEEN	MATÉ INTEI ONSET AND	DEATH
				E CAUSE (o)	INOTE	STUV	MIL	WU 1	UNDIN	on				
		STATE AND DE	MUNICULATION		1			1					1	-
				DUE TO, O	R AS A CONS	EQUENCE OF								
		Conditions, if ony,		(p)										
		couse (o), stotin-	g the	DUE TO, O	R AS A CONS	EQUENCE OF					200			
£		underlying couse	lost	(c)_	100	70000			367-268					
		PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART 1) 1	
3	CERTIFICATION													
	AT	19a DATE OF OPERAT	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY	20b. IF	YES, WE	RE FINDIN	NGS USE	D
2	FIC								V50 🗆	_		CAUSES		
4	E I	AS ACCIDING THAT HAD	EBINALC C	201 71145 6	VOLUMENT OF		In How	MILION OCCUPA	YES NO		YES _		NO [
>		OR CONTRIBUTING		110110 4		DAY YEAR	ZIC HOW I	NJURY OCCUR	RED (ENTER MATURE C	OF INJURY IN ITEM	18 PART I	OR PART 2)		
r.	CAL	(IF EITHER, NOTIFY MEDIC			M.	19								
9	MEDICAL	21d. INJURY OCCURR	RED		OF INJURY		211. LOCAT		C 173	ORTOWN		OUNTY		STATE
	2	WHILE NOT WH	ILE [(AT HOME STI	REET, FACTORY, OF	FFICE, FARM, ETC)	STREE	:1	CIII	ORTOWN		CONTI		STATE
					1 11						1.0			
		22a.l certify that (I)					1.1. 12. 7.	, 19	, to			,		
		sow the deceose above, (1) (we) (a	did) (did nat) view the body	after death.	.19, 0	nd that in (my) (our) opinion	death occurred on	the dote and	hour ond	from the	couses ste	oted
		226. SIGNATURE		^	,		DEGREE					22c. DATE	SIGNED	No.CE
		-	11	1111	la			PHYSICIAN	DIRECTOR P	STAFF				
-		224 PHYSICIAN'S	ME THEOR	(MINT)			22e ADDRE		- SINCETON EJ III					
		Ctonlar	Manni	gon M	D / C	27 0044	1 77	R. Cha	e Street,	Ralto	. IV	Б.		
		Stanley	MOLL	LBOIL, M.	п. (с	37-0044	1				, P.	ice e		
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF			23d. LOCATION	1	12.604	ALIV =		STATE
	1	SPECIFY) Burial		7-15-	-85	Lorrain	e Park	Cemete:	ry Ba	Itimor	e, M	aryl	and	Arc

DHMH - 16 50M 4/83

MPORTANT: If hem 21

24 FUNERAL DIRECTOR (VRA 15, 4)

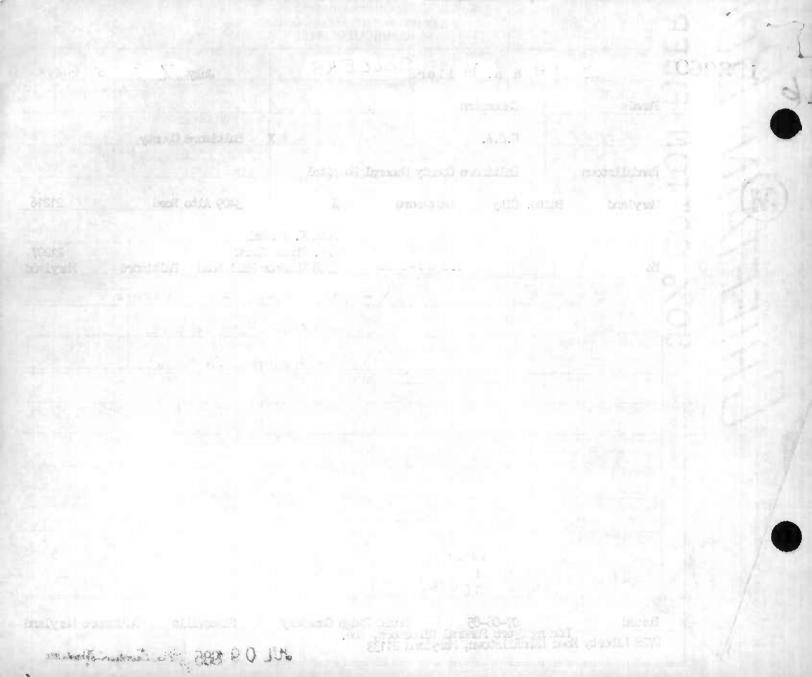
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	REG. NO.	17			

4		1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MEN		ENE 8 5		8	5 2
: 1 B	206		OR PRINT)	FIRST R11		Soller	0	AST		26. DATE OF DEATH	3 1985	Y YEAR	6 USP .N
ctor. po	s offer de	3. SE			RACE Cauca		S. DATE C	DAY	YEAR 1916	6 AGE LIN YEARS LAST BIS	RTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
soth. Pog	S Pour		RTHPLACE (STATE ORFO			WHAT COUNTRY?	8	NEVER MARE		Baltimore CITY C	R COUNTY C	F DEATH	MC
ofter de	15	10 €	Randallstown		. NAME OF	HOSPITAL, NURSIN THEACHITY, GIVE STREET	G HOME C	R OTHER INSTITUT	TION	12g USUAL OCCUPAT LTYPE OF WORK FOR MOST O Realitor	10N	INDUSTRY	Estate
M)	35	130	AL RESIDENCE (IF NURSIF STATE Maryland	136 COUNTY	HER INSTITUTION		ADMISSION)	13d. INSIDE CITY L	IMITS?	3409 Alto			21216
T Park	30	1	Robert	Malco		Hart	DITU NI O		E. Ban	del_	E.C.	ĻAS	
be east	12		VAS DECEASED EVER II YES NO OR UNKNOWN) NO	(IF YES, GIVE W		216-05		17 INFO MASS. 5508		Clark ADDR r Mill Road	Baltimo	-	21207 Marylan Mate Interval ONSET AND DEATH
quires that the death cert	Nell pieces emore corbon, to burial, cremation, acrem nury, or other traumatic eve	NO	Canditions, if any, gove rise to imm cause (a), stoting underlying couse	ediote the fast	DUE TO, O	R AS A CONSEQUE	NCE OF	Congesion NASARC		W- 0 .			0
he low in	9	CERTIFICATION	196. DATE OF OPERATI	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	206 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
PHYSICIAN, T inding physici this certificate	d Mertol Hyg	MEDICAL CER	21a ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH ALEXAMINERI	P. 21e PLACE	M. MONTH DA M.	19	21c. HOW INJURY	Y OCCURRE	ED (ENTER NATURE OF INJU		COUNTY	STATE
ATTENDING vegatel or oth ECTOR After	of of Health or m 21 is marker	4	while NOI while AI work 228. I certify that (I) (saw the december obove, (I) (ye) (di 22b. SIGNATURE	this hospital	-/	1		nd that in (my) (aur	9.85) apınıan d	eath occurred an the d	3 19	-	
DINEFAL OF DINEFAL DE	ould be detect of the State De PORTANT, If the		Tra. PHYSICIAN'S NA	TOUR STATE OF THE	Cr'n'	SOV IND	0	NO ATTER	Balt	MEDICAL STA DIRECTOR PHYSIC	GINL	7.3 Has	pital
BP_	5137		BURIAL, CREMATION, R	REMOVAL	236 DATE 07-06	The state of the s		Ridge Ceme		23d LOCATION CITY OR TOWN	lo D	COUNTY	STATE
DHMH - 16	60M 7/84	24 F	NERAL DIRECTOR 8728 Liberty	Loring Road Ra	Byers	Funeral Dir	ectors	Inc.	250 DATE	REC'D. BY REGISTRAR	25b. REGISTR.		

DHMH - 16 60M 7/84 (VRA 15, 4)



250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNE SCHEHRunek Funeral Home, Inc.

3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/B4 (VRA 15, 4)

8728 Liberty Road Randallstown, Maryland 21133

DIVISION OF VITAL RECORDS

(VRA 15, 4)

17	V	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	E OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYGIE	NE 8 5	0.	8 9	5 5
. 2/		CEASED NAME FIRST OR PRINT)	WIDDIE	l.	AST .		DATE OF DEATH	MONTH OA		26 HOUR
deog.		Janie			searma			7 1	5 85	MAMM
010	3. SE		4 RACE	5. DATE C		YEAR 6	AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
osio		F	Black	10	9	23	6.	YRS		
Man Man		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MA	ARRIED 9	BALTIMORE CITY O	R COUNTY	OF DEATH	
10	No	orth Carolin	a U.SA.	WIDOWE		DRCED [BALTIMO	RE COL	JNTY.	MD.
10/1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R OTHER INSTIT		TO USUAL OCCUPATION OF OF WORK FOR MOST			OF BUSINESS OR
1	Ra	andallstown	Baltimore Co		General		•			
201		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CIT	100	3e.STREET ADDRESS	7 IP CODE		
30	M			Istown		10	37/8 Liv	e. Onk	· Rd	21133
10	M FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S		Wioofe			
120	/	Ben	Boykins		Mar	RST TV	WIOOFE	I	Herri	
0 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		17 INFORMAN		ADDRE		10111	19
-1/	-	YES, NO OR UNKNOWN) IF YES (GIVE WAR OR DATES)	0-516	Stacs	7 Snea	rman 371	2 T.i 376	Oak	Poad
184			only one cause per line for ial, (b),		<u> </u>	bpca	Lindii 371	2 111 46		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY. omtas		ment)	opein.	em a		BETWEEN	UNDET AND DEATH
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or ather		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF						
		DADI 2 OTHER CICAUSICANI	(3)	O DE ATH BUT	NOT BELLIED T	O THE TERM	L. Dise is an Co.	D.Y. G. I. G. I. I		
njuny,	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOTRELATED I	O THE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 10	0
A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	700 AUTOPSY?	20h JE YES	WERE FINDIN	VGS LISED
9	IFIC							IN CERTIFY	ING CAUSES	OF DEATH?
ofs	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tar How IN II	IRY OCCURRE	YES NO	YES		NO []
tem 18 shows		OR CONTRIBUTING CAUSE OF	LICUID A MA MONITH	DAY YEAR		OKT OCCORNE	D (ENIER NATURE OF INJU	KT IN HEM IS PA	1 (ON PART 2)	
	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINATED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	.1				
w pu	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC }	STREET		CITY OF TO	WN	COUNTY	STATE
morke		AT WORK AT WORK			,,,					
1 s m		sow the deceased alive of	pital) attended the deceased from	Christ I	nd that in (my) (a	our) opinion de	oth occurred on the de	ote and hour	_	that (I) (we) lost
em 2		22b, SIGNATURE	not) view the body after death.		DEGREE				72c. DATE	
± + Ce		Q. Bost	m	/	40 AT	TENDING	MEDICAL STA	F	2/1	-185
Z		778 PHYSICIAN'S NAME (TYPE	OR PRINT)		72e ADDRESS	HYSICIAN []	DIRECTOR PHYSIC	IAN [V]	1//	5/00
PORTANT		7 0 1								
9	-015	J. 13051	00							

230. BURIAL, CREMATION, REMOVAL BURTAL

7/20/85

Spearman Family Cem. CTinton,

N. C. STATE

24 FUNERAL DIRECTOR

JUL 1 8 1985 1101 E. NOTH AUC

DHMH - 16 60M 7/84

(VRA 15, 4)

The standard was to the standard of the

8	REG. NO.	I	8	9	5	-

							FICATE OF DEATH	REC			13.
		CEASED NAME OR PRINT))hn	A	. St		wicz, Sr.	7-8-85	H MONTH D	AY YEAR	26 HOUI
\	3 SEX	X	4.	RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LA		IF UNDER I YEAR	
	M	ale		White	E. C 129	7-	-6-1921 YEAR	64	YRS.	ONTHS. DATS	HOURS
1	7a. 811	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
200	M	d.		U.S.A	•	WIDOW		Balto.C	lo.		
) ()		iddle Rive		3517	HOSPITAL, NURSING THE FACILITY, GIVE STREET A HONEYSUCK	DORESSI LE	OR OTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING LIFE	12b. KIND (INDUSTRY	
r must be r	USUA 13 o S M	AL RESIDENCE (IF NURS) LATE CL.	Balto	THER INSTITUTION Y	GIVE RESIDENCE SEFORE BY CITY OR TOWN Middle R		13d. INSIDE CITY LIMITS?	3517 Hon	SS / ZIP CODE		
exomine	_	ohn FIRST	MI	Sta Sta	niewicz		Antoinette	ME		zyinsk:	ist
medicol	LY	VAS DECEASED EVER YES, NO OR UNKNOWN) e s		ED FORCES? WAR OR DATES)	220-03-2		Irene Stanie		ie as 13e		
1, th		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b), and	I (c+.1	1 Pm crea			APPRO: BETWEEN	NONSET AND
		Conditions, if ony		(16)				Day Public			
r, or other tr		gave rise to imicouse (a), statu underlying couse	mediote ng the lost	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR C	CONDITION GIVE	EN IN PART 1	10
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aws any injury, ar ather tr	TIFICATION	gave rise to imicouse (a), statu underlying couse	mediate ng the lost	(c)	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR C	206. IF YES, IN CERTIFY	WERE FINDI	INGS USE
item 18 shows ony injury, or other tre	CERTIFIC	gove rise to im- couse (a), static underlying couse PART 2 OTHER SIG	mediate ng the lost NIFICANT CO TION DERLYING CAUSE OF DEATH	196 COND 196 COND 206 216. TIME COND HOUR A.	ONTRIBUTING TO D	OPERATION		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	INGS USED
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IMPORTANT: If Irem 21 is marked or Irem 18 shows ony injury, or ather fro		gove rise to improve the couse (a), storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 1190 DATE OF OPERA 1190 DATE OF OPERA 1190 DATE OF OPERA 1190 DATE OF OPERA 110 ACCIDENT WAS UN OR CONTRIBUTING INFEITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE	mediate ng the e lost NIFICANT CO TIÓN CAUSE OF DEATH (CALEXAMINER) RED HILE (I this hospitol ed olive on did) (did not)	19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME ST	ONTRIBUTING TO D OTTON FOR WHICH O OF INJURY OF INJURY REET, FACTORY OFFICE, FA The deceosed from 19	PARMETC)	211 LOCATION STREET 19 4 And that in (my) (our) opidion of DEGREE	200 AUTOPSY? YES NATURE OF CITY to death occurred an ti	20b. IF YES, IN CERTIFY YES INJURY IN ITEM IB PA OR TOWN Phe date and hour	WERE FINDI	NGS USEC S OF DEAT NO S

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

Adam F. Szczypinski, M.D. 230 BURIAL, CREMATION, REMOVAL 23b DATE

7-11-85

Leonard J. Ruck, Inc., 5305 Harford Rd.

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

23d LOCATION

COUNTY

STATE

ISPECIF Burial 24 FUNERAL DIRECTOR

h Balto Md.
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

January and the Stanio doz, Sr. 7-9-35 450

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M. Halto. Hiddle liver X 7517 Concrete La. checo

stanio da noiveinetse

META 220-09-0995 Treme Stanievicz, Same as 15c

N maps to continue to the interest of the state of the st

Mariel 7-11-89 Sardens of Inith Malto. Mil.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STERN

EN	8	REG.	NO.	1	8
2 a	DATE OF	DEATH	MONTH	DAY	

4.	0.	1	8	7	9:2	40-
1	MONTH	DAY	YEAR	21	HOUR '	
>	7-	14-	8.5		2/9//	n

IF UNDER LYEAR

	REGISTRAR	
ı	1. DECEASED NAME	FIR
	FANN,	E
ı	3 SEX	
	FEMALE	
1	To. BIRTHPLACE ISTATE ORF	ORE IG
	MARY LAND	
,	10. CITY OR TOWN OF DEA	TH
	RANDALLSTO	OWN
,	130 STATE	NO HO
1	MARYLAND	
-	14 FATHER'S NAME	7.5
-	UNKNOW	
	- MIKINOU	~

YES NO OR LINKNOWN

NO

CERTIFICATION

MEDICAL

WHITE 76. CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

AR DIOPUL MONARY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

- 05 - XXXX MARRIED NEVER MARRIED WIDOWEXXX

1904

DIVORCED T

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

81 YRS

AGE LIN YEARS LAST BIRTHDAY)

XXXX

120 USUAL OCCUPATION

HOUSEWIFE

126 KIND OF BUSINESS OR AT HOME

#21215

BALTIMORE COUNTY GEN. HOSP. ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS COUNTY 13c. CITY OR TOWN BALTIMORE

(IF YES GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c)

IMMEDIATE CAUSE (a)

USA

4 RACE

13d. INSIDE CITY LIMITS? YESXXX NO I

APT. 130 STREET ADDRESS / ZIP CODE 2500 W.BELVEDERE AVE. 15 MOTHER'S MAIDEN NAME

MIDDLE S. ARMED FORCES?

LEVIN 166 SOCIAL SECURITY NO. 216-03-5421

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CECELIA 17 INFORMANT HERBERT STERMRESS 3925 SHENTON RD. RANDALLSTOWN, MD 21133

UNKNOWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditians, if ony, which gove rise to immediate cause (o), stating the underlying cause last

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19

DEGREE

20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD NO [YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

220 I certify that (I) (this hospital) attended the deceased from 0

III LOCATION STREET

COUNTY CITY OF TOWN

STATE

MATTENDING PHYSICIAN 22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and have and from the causes stated

220 DATE SIGNED

ALEWDRAK

IMORIE COUN

JULY 16,1985

23c. NAME OF CEMETERY OR CREMATORY CHOFETZ CHAIM

ROSEDALE

MD

DHMH - 16 60M 7/84

(VRA 15, 4)

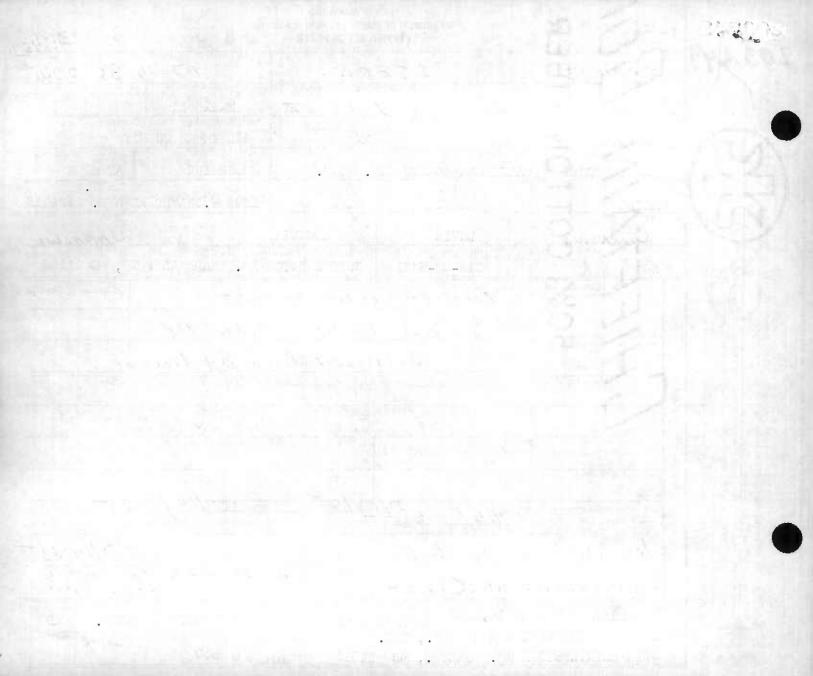
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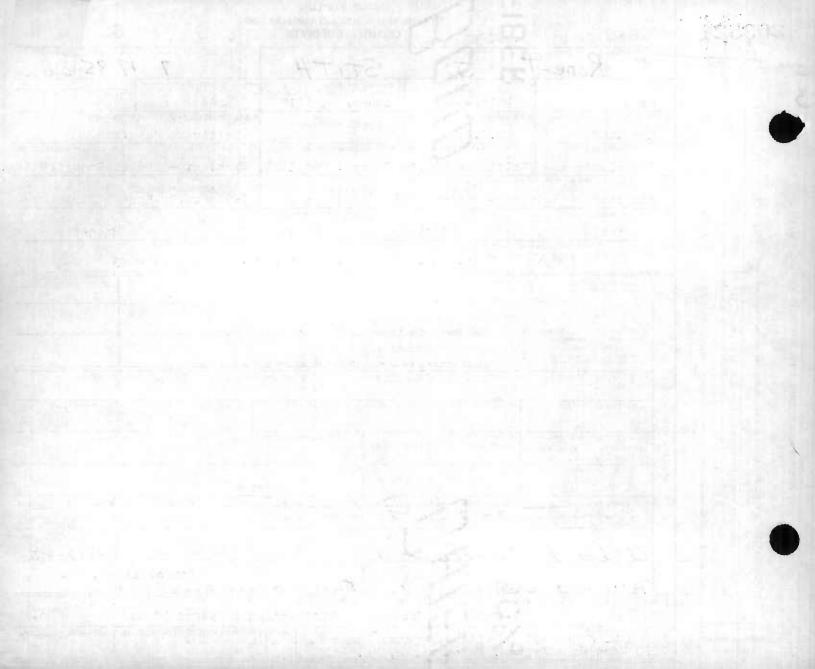
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTO.. MD

21215





executed

that the deoth certificate be

requires

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physicion.

retained by the hospital or

BP.

	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 S		9 5 9
	CEASED NAME FIRST	F. S	TROBE		AST	20. DATE OF DEATH	MONIH DAY YEAR 7 - 5 - 89	- 215AA
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN.
Ro	RTHPLACE (STATE OR FOREIGN COUNTRY) Chester, N. Y.	76 CITIZEN OF WE		WIDOWE		6 ALTIMORE CITY O	re County of DEATH	, Mt
1	OWSON MY	Stella 14	ARK HOS	DICE - 1	lowson .4. Md.	Type of work for most of Salesma	F WORKING LIFE! INDUST	D OF BUSINESS OR RY ales
130. 5	AL RESIDENCE (# NUT OF FORED) STATE Md.	VIV [13	R. CITY OR TOW Baltimor	VN		350 Paddi	zip code ington Road	21212
14. FA	ATHER'S NAME Louis Str	obel	£ AST		15. MOTHER'S MAIDEN NAM	Catherine	Miller	LAST
16a V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV YES	E WAR OR DATES!	379 01		Mrs. Marilyn	S. Murray		ngton Rd.
CERTIFICATION	couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT I				100 AUTOPSY? YES NO	20b. IF YES, WERE FININ CERTIFYING CAU	IDINGS USED
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		AY YEAR	21c. HOW INJURY OCCURR			
MEDICAL	21d INJURY OCCURRED	ZIE PLACE OF		infactes	211 LOCATION	CITY OR TO	WN COUNTY	STATE
	27a L certify that (I) (this hosp saw the deceased alive on above, (I) (will idid) (did as 77h SIGNATURE 27d PHYSICIAD STRAME (1796 C) DR. Eddie	of) view the body at	ter death?	2	nd that in (my) (aur) apinion of ATTENDING PHYSICIAN (22e. ADDRESS Stella MA)	MEDICAL STAL	FF 22. DA	_, that (I) (we) los the couses stated ATE-SIGNED
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/9/85			EMETERY OR CREMATORY n Mem. Gardens	23d LOCATION ETTENT	on, Florid	a STATE
	UNERAL DIRECTOR IT CHELL-WIEDEF	ELD HOME.	INC.	6500	York Rd. 25a DAI	REC'D. BY REGISTRAR	25b REGISTRAR'S SIGN	TATURE - John dette

DHMH - 16 50M 4/83 (VRA 15, 4)

West St. 1 95 an following the color of the c 1 Catington Filler le or el . I so in the second of the se a rel 10 mil 1 mil

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 5 REG. NO.

8 9 6 6

ı	REGISTRAR		CEKITI	ICATE OF DEATH	REG. NO	O. §	•	A Section		
M	1 DECEASED NAME FIRST (TYPE OR PRINT) F.l. izabe	eth Schomann	Str	AS1	July 8.	1985	YEAR	26 HOUR A		
1	3. SEX	14 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS		
	Female	White	Apr	il 12, 188	8 - 97	YRS	THS DAYS	HOURS MIN.		
1	la BIRTHPLACE (STATE OR FOREIGN ROLL Md.	U. S. A.	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O					
			WIDOWE	0	Baltimo					
5	Catonsville	11. NAME OF HOSPITAL, NURSI LIENOT IN SUCH FACILITY GIVE STREE Summit Nurs	sing i	Home	TYPE OF WORK FOR MOST O HOUSEWI	on f working life) fe	INDUSTRY	of Business or nemaker		
5		Timore Catons	RE ADMISSION) NN SUILL	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	Ave.	21228		
0	Charles (Kar	The Kreud	er	Anna	Margar	etha	Sch	nomann		
	160 WAS DECEASED EVER IN U.S. A (YES, NO ON NKNOWN) (IF YES G			Mrs. Hild	onsville or S. Hoff	ss Md editz-	· 21	228. Osborn		
Ī	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), a					APPROX BETWEEN	IMATE INTERVAL		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Three many in								
	PART 2 OTHER SIGNIFICANT Congesti	01	Se'/	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0		
2	TIO DATE OF PREATION 19a DATE OF PREATION 21a. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES			
9	OR CONTRIBUTION CALLER OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 21			
4	(IF EITHER NOTIFY MEDICAL EXAMINE IN THE THERE NOTIFY MEDICAL EXAMINE IN THE NOTIFY MEDICAL EXAMINE IN THE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE,		211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE		
		utal) attended the deceased from.	~	-5- 19 8/	10 Ja/4	8 . 19.		that (I) (%e) last		
	abave, (I) we (Mid) (did no	at) view the bady after death.		nd that in (my) (our) opinion of	death occurred on the do	ate and hour an				
	Danie R.	Moren	_ 7.		MEDICAL STAR	FF CIAN (22c. DATE	SIGNED		
1	22d PHYSICIAN'S NAME (TYPE	Moseman	MD	5205 East D	a Arberta		212	27		
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c		EMETERY OR CREMATORY	23d LOCATION		CHAITY	STATE		
	Burtat	7/9/85 Lo	oudon	Park Cemet	oru - Ro	ltimo	re.	Md.		
4	24 FUNERAL DIRECTOR Ster	ling Funeral L	Estat	e. P. A 250. DAT	REC'D. BY REGISTRAR	25h. REGISTRAR	S SIGNAT	URE-JUNOUS		
	736 Edmondson	Ave.; Catonsv	ille,	Md. 21228	AGE SE	S. C.	-			

DHMH - 16 60M 7/84 (VRA 15, 4) 15.7431 to stimm behinden streets . into 2, 19.5 . TELLINGE - SELL . LINEAR - SEL and the contract of the contra the same of the sa The Land City of the Land City of the Company of the Company of the City of th toportion of the state of the s process black thought a series to be a series to be a series abl should be a west work from the a label to the state of the state o 236 Stannason Aug. : Cotonsutile, Mar. 2222

207166	1.	FOR STATE			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	1 8	3 9	6	
e & &		REGISTRAR CEASED NAME	FIRST	IZABETH MARIE SUGRUE				REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 10: 22 P. 10: 22 P				
à 84 A	A I. SEX						E DIDTU	NODE 22,2003				
9 4 B		remale	4.1	White		Jan. 4,1904		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 HOURS AND HOURS AND HOURS AND HOURS				
e 1 9	1	RTHPLACE (STATE OR FO COUNTRY) New York		USA	WHAT COUNTRY?	8 MARRIED NEVER MARRIED XX WIDOWED DIVORCED		Baltimore County Baltimore County				
by the filed		Towson	10.5	11. NAME OF HOSPITAL, NURSING HE AUTO IN SUCH FACILITY, GIVE STREET ADDR. 204 E. Joppa Rd.		d.	R OTHER INSTITUTION	12a USUAL OCCUPATION (IVPE OF WORK FOR MOST OF WORKING LIFE) Legal Secretary Ceneral N.Y.				
filled in hould be		Maryland Balt		rother institution, give residence before a NTY 13c. CITY OR TOWN IMORE TOWSON		ADMISSION)	YES NO X	204 E. Joppa Rd. 212		1204		
ompletely	14. F	Charles	J. Sug	grue	LAST		15. MOTHER'S MAIDEN NAM	ret Lynch		LAS		
on ond co		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMEI		166 SOCIAL SECU		John R. Sugra	102 Kenn ne Towson,	ilworth Md.	Park 21204	Drive	
requires that the death certitions is signed by the attending p. Then please remove carbon or remotion, or reminjury, or other traumatic eventions.	ION	Conditions, if any, gove rise to imme couse (a), stating underlying couse	diote the lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF	TAL INFAR	PHERIOS).	
the law reform.	CERTIFICATION	19a DATE OF OPERATION	DN .	196 CONDI	TION FOR WHICH	OPERATIO:	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	IGS USED OF DEATH? NO	
G PHYSICIAN: T of the control of the	MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA [IF EITHER NOT IFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	USE OF DEATH LEXAMINER)	P.I	M. MONTH DA M.	19	211 LOCATION	ED (ENTER NATURE OF INJUI		OR PART 2)	STATE	
PITAL OR ATTENDIN by the hospitol or of IERAL DIRECTOR: Aft se detoched for use or Store Dept. of Health ANT: If them 21 is more		22a certify that () (sow the deceased above, (his hospital) olive on	1/13	deceased from_			MEDICAL STAR				
retained by the TO FUNERAL should be det with the State			id Ham	ed, M.			204 E. Joppa		n, Md.	21204		
BP		BURIAL, CREMATION, RI Burial		July 2		Calva		23d LOCATION CITY OF TOWN Long Isla			STATE N.Y	
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR Chell-Wied	lefeld	Home.	Inc. Bal	500 Y	ork ka.	JL 2 A 1985	25b. REGISTRAI	r's signati	Janda 12	

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212



200.		FOR	DEDART	MENT OF USALTH AND MENTAL HY	HENE			
208120	1-	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 Seg. No	8 1 .	9	6 2
/		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
poge 3		Agnes	Elizabeth	Sullivan	July	18,	1985	11:15am
offer p	3. SE.	Female	White	5. DATE OF BIRTH 10 - 22 - 1893	6. AGE (IN YEARS LAST BIR	MON	THS DAYS	HOURS MIN.
Pog die		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
n 72 n 72		New York	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimo	re Cou	ntv	MD.
2 de 10 /	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON		BUSINESS OR
	- 27	Cowson	Dulaney Towso	on Nursing Center	Homemal		INDUSTRI	
P P P		AL RESIDENCE IN NURSING HOME TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 13(. CITY OR TOV		13e.STREET ADDRESS			
			timore Timonii		237 East	Timoni	ium,R	₹. 21093
\$ \$0 m 2	17 17	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE		LAST	
d o o	/	Charles	Hanra	ADAL Della Colla	ADDRE		Dailey	<u></u>
Poget		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU					
S. Po		No	106-05-	4639 Rosemary	S. Austin,	237 E.	Tim	onium R
physical novo		PART I. DEATH WAS CAUS		Orea anteriosale	reasis. 21	093	BETWEENO	MATE INTERVAL
n cert		IMMEDI	ATE CAUSE (o)					
rend rend on, o		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF				
he dhe or mori		gove rise to immediate couse (a), stating the)	that of			1121	
by t by t cre c, cre	34	underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		TANK A		
ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours, restriction physician. Where this certificate has been signed by the ottending physician and complete filled in a state buriol-transit permit. Then please remove corbon papers. Pages, and the control that has described by giene prior to buriol, cremotion, or removal. Only the military and prior to buriols cremotion, or removal.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
Tion Time	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS LISED
e low nos be permine pri	IFIC.				YES NOT	IN CERTIFYIN	G CAUSES	
VITA N. Th Nysicio icate icate Tronsit Hygie	1 2	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR				1.0
SICIAN ng phy certific certific oriol-trull them		OR CONTRIBUTING CAUSE OF D		AY YEAR				
HYSI Iding Meri	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	SAIN	COUNTY	STATE
DIVISION OF OUTPER THE COST THE COST OF TH	₹	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE	FARM ETC) SINCE	CITORIO	WIN	COOINT	STATE
AF OF SECOLAR		22a.1 certify that (I) (this has	pital) attended the deceased from.	January 1981	to July	18 19	851	hot (I) (we) lost
TTEN Putol for u		sow the deceased alive a	not) view the body ofter death.	5_, and that in (my) (our) opinion	death occurred on the de	ote and hour an	d from the c	ouses stoted
hos A		22b. SIGNATURE	h	DEGREE			22c. DATE S	IGNED
AL O He Dide of the Dide Do of the D		In Soulle	Maegaego	h M ATTENDING PHYSICIAN [MEDICAL STATE	FF HAN [
HOSPITAL ned by the FUNERAL uld be deto		224 PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e. ADDRESS	3.500			
0 0 0 = 0		Isabelle M	MacGregor, M.D	. 1818 Pot	Spring Rd.	Timo	nium	Md
5 € 5 € § ₹ 1	23a.	BURIAL CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION		DUNIY	STATE
BP		Burial	7/22/85 D	ulaney Valley Cem	1. Timoniu	m Ba	Ito.	Md.
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR Mari	un D. Lawson	25a. DA	TE REC'D. BY REGISTRAR	250 REGISTRAF		JRE
(VRA 15.4)	1	Martin D Law	reon 10 W Dad	onio Da	11 9 9 1005	Lelia Cavi	Seron Ro	indese.

Later the sport in the second centralist of the state of the - 100-05-639 Literate B. Mostan, 607 S. Shirontian Ma white male material and the telephone

(VRA 15, 4)

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	STATE OF MARYL
n	DED ADDRESSE OF MEALEN AMP

AND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	REG. NO.	8	?	6	4
DATE OF	HINOM HTAS	DAY	YE AR	2b.	HOUR

	REGISTRAR				CERTIF	ICATE OF D	EATH	O DREG. N	0.	0	0	
	CEASED NAME	FIRST		WIDDLE	L.	AST			HINOM	DAY YEAR	2b. HOU	JR '
(TYPE	OR PRINT)	OHN	,	11.	SW	PENE	Y	July	v 19	. 1985	2:00)A . M
3. SE	(I. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER	24 HRS
Ma	16	1100	White		MONTH 8	31	1.92.4	60	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 1		WHAT COUNTRY?	8			9 BALTIMORE CITY C		Y OF DEATH		
	COUNTRY)		II C 7			X NEVER A		Baltimore	Coun			
	st Virgini		U.S.A.	HOSPITAL, NURSIN	WIDOWE		ORCED	12g USUAL OCCUPAT		12b. KIND C	DE BUSINE	MD.
		100	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST O	F WORKING I	IFE) INDUSTRY		
_	ndalk AL RESIDENCE (IF NURSI	ING HOME OR		irkleigh				Foreman		Beth	. Ste	eT_
13a. S		13h COUN	TY	13c. CITY OR TOW	N	136 INSIDE C	TY LIMITS?	13e.STREET ADDRESS		_		
	ryland	Balt	imore	Dundall	ζ.	YES	NO X	2719 Kirk	Leigh	Road	2122	22
14. FA	ATHER'S NAME	A	NDDLE	LAST			MAIDEN NAM	ME		LAS	51	
Ge	orge	3.75	66-54-6	Sweeney	7	Et]	nel			Cur	rey	
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMA	NT	ADDR	SS			
Ye		WW		235-30-5	5101	Mary 1	F. Swee	eney	Sar	me as 1	3e	
	18. CAUSE OF DEATI	H (Enter onl	y one couse per	line for (a), (b), on	d (c).1		1	1		APPROX	MATE INTER	RVAL
	PART I. DEATH W		BY; CAUSE (o)	Pulla	oNa.	v A	1185	+				
		IMMEDIAN										
	Conditions, if any,	which	LUE TO, O	RASA CONSEQUE	NCE OF	CINO	MO G	Stha /11.	Na	-		
-60	gove rise to imm	nediote	(6)	14000	CAT	Cyrto		, (0 , 0;	-			
	couse (o), stating couse		DUE TO, O	r as a conseque	NCE OF							
	DIDIO OTUGO SIO	11515 1 1 1 7 5	(c)	SUITAINUT NO TO	DE 1 VII B117	NOT DELLIES	Y 0 Y 11 F Y 5 0	MALI BURGUES OR CO.	D. (7.10.)			
z	PART 2 OTHER SIGN	NIFICANIC	ONDITIONS <u>CC</u>	DNIKIBUTING TO	DEATH BUT	NOI RELAIED	TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART I	0	
CERTIFICATION	19a, DATE OF OPERAT	HON	TION CONID	ITION FOR WHICH	ODEDATIO	NI WAS DEDECT	DAVED	20a AUTOPSY?	1205 IE VI	ES, WERE FINDI	Noc Heri	
5	190. DATE OF OPERAT	1014	170 COND	INON FOR WHICH	OFERATION	W WS PERIO	KWED			IFYING CAUSES		
RT				6 5 1 11 15 1		In Howen		YES NO		ES	NO [
	21a. ACCIDENT WAS UND		HOUR A.	M. MONTH D	AY YEAR	ZIC HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
₹ S	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ,	M.	19						1,1141	74
MEDICAL	21d. INJURY OCCURR	RED	21e. PLACE	OF INJURY	ARM FTC 1	211 LOCATIO	N	CITY OF TO)WN	COUNTY	5	STATE
2	AT WORK NOT WH											
	22a.1 certify that (I)	(this hospit	ol) ottended th	e deceased from_	7	1/6	, 19_8	_, to	19	, 19	that (I) (v	we) lost
	sow the decease above, (1) (we) (a	ed alive on	View the kody	ntter denth 19 S	75.00	nd that in (my)	(our) opinion o	death occurred on the d	ote and ha	our and Irom the	couses sto	ated
	226. SIGNATURE	1	, went me pour	Concentration.		DEGREE			5.11 6	22c. DATE	SIGNED	
	MAU	101	10 /	1998	R	111 4	TTENDING HYSICIAN	MEDICAL STA		17/	96	
9	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)	1		22e ADDRES		J DIKECTOR [] FITTSI	IMIT	10/1	400	-
	Charl	PS	11 14	DOE								
22- 5	BURIAL CREMATION.	DEMOVA	23b. DATE		JAME OF C	EMETERY OR C	DEMATORY	123d LOCATION				
(SPECIFY)	KLMOVAL				CTO I		CITY OR FOWN		COUNTY		STATE
Ru	rial		7/22/	1985 (Jak La	wn Cem	ecerv	Baltimor	2		Mary	vland

DHMH - 16 50M 4/83

BP.

24 FUNERAL DIRECTOR Duda-Ruck, Inc. (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

21222 Dundalk, Maryland 7922 Wise Avenue

DIVISION OF

STATE OF MARYLAND



158107

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE RG. NO.
LÄST	20. DATE OF DEATH MON
L. TAWNEY	July 14, 1
5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY

FOR		DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE	10166
- STATE REGISTRAR		CERTI	FICATE OF DEATH	8 2G. NO.	18900
1. DECEASED NAME FIRST	T MID	DLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 25 HOUR
	LIZABETH	L. TAN	NEY	July 14, 1	985 M
3. SEX	4 RACE	MONT	OF BIRTH THE DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
Female	White	Apr		95	YRS
BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WE	HAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR CO	
MD	_	SA WIDOW		Baltimore	
IN CITY OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR KING LIFE) INDUSTRY
Woodlawn		e's Luthera		Cook	Restaurant
USUAL RESIDENCE (IF NURSING HE 130 STATE Mb.		RESIDENCE BEFORE ADMISSIONS BECTTY OR TOWN Balto.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 604 Eveshal	m Ave., 21212
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
Irvin	Krau	ise	-	?	
160 WAS DECEASED EVER IN U.	S. ARMED FORCES?	SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
No	2	20 26 7894	Mrs. Anna	O'Laughlen,	Same
18 CAUSE OF DEATH (En PART I, DEATH WAS C	tei only ane cause per lin AUSED BY EDIATE CAUSE (a)	SEPSYS.	DENY d	ration so	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR A	AS A CONSEQUENCE OF	Lin 1	+ Horal	land the ba
Conditions, if any, whi gave rise to immedia	te	Cecun	la la la	14	- guo weres
cause (a), stating t underlying cause la		AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART Tra
NO POOL P.	o. lake	he was	e DEHY A	brastice.	
190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYIN		MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE	OF DEATH	MONTH DAT TEAR			
(IF EITHER NOTIFY MEDICAL EX	21e. PLACE OF	INJURY	21f LOCATION	CITY OF TOWN	COUNTY STATE
WHILE NOT WHILE T]	, PACIONI, OFFICE, PARM, ETC J			
220.1 certify that (1) (this	_ //		11.11 1986		
saw the deceased oli abave, (1) (we) (did) (c	ve on	ter death.	ind that in (my) (o ur) opinian	death accurred an the date ar	nd have and from the causes stated
22b. SIGNATURE	n - 0/1	8	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
	poll	la w	5 PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	7.15 83
22d. PHYSICIAN'S NAME			77e ADDRESS		
	Sidhu, MI			ESIDE AUE.	BALTU, Md. 2122
23a. BURIAL, CREMATION, REMI			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
Bunial	7/16/	Oaki	wan Cemeter	V Balto.	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is morked or Item 18 shows

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. Balto., MD 21212 4905 York Road

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE SELECTION OF THE PROPERTY OF THE PROPERT

Baltimore Gourbland Woodfawn St. Cural authory berns eta.m., .eva martesva tas CV Scot Selvage - New Team Of avginser, - serve (. If the second control of the second cont ARCO YORK PORT DAILOR MED STATE TO THE SES

STATE OF MARYLAND

EPARTMENT O	FHEALTH	AND MI	ENTAL	HYGIE
CERT	IFICATE	OF DE	ATH	

	20G. N	10.	1	8	9		6	1
\E	DEATH	MONTH		DAY	VEAD	21	HOLIB	7

206106	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE & G. NO.	8 9 6 1
XX . GI	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be	Char		YLOR	July 17, 1985	2:17 Pm
ge 4 mo.	Male	White	5. DATE OF BIRTH 10 -4-1914 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	a BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cour	
o) s offer d by the fu	Balto. County	11. NAME OF HOSPITAL, NURSIN FROM IN SUCH FACILITY, GIVE STREET Franklin Squ	AG HOME OR OTHER INSTITUTION ADDRESS) are Hospital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Cutter	12b. KIND OF BUSINESS OR
AND 212	MD Bal	DROTHER INSTITUTION GIVE RESIDENCE BEFORE JUST 136. CITY OR TOW	YES NO X	13e.STREET ADDRESS / ZIP COI 503 Old Home	Rd. 21206
BALTIMORE, MARYLAND cate be executed within 24 systion and completely filled apers. Pages 1 and 2 showld voil. it, the medical examiner race	Charles	Taylo		ret	LAST
oe execution on on or commedical	Yes NO OR UNKNOWN)		-6895 Helen E.	Taylor, 503 O	
201 W. PRESTON ST., B es that the death certifica ned by the attending phy please remove corbono urial, remotion, or remov v, or other traumatic event	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CCARDION	Vascular Accident ENCE OF Trial Thrombus	MINAL DISEASE OR CONDITION C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e law requir n. nos been sig permit. Then ne prior to b ws any injury	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES X NO
N OF VITA SICIAN: The ng physicio certificate I rial-transit ental Hygie frem 18 sho	OR CONTRACTOR OF OR	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART OR PART 2)
NVISION AG PHYS offer this of the burked or b	UR CONTROL THE TOTAL EXAMINATION OF THE TOTAL	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
RECTOR: At RECTOR At Pool of the Office of t	220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did)	pital) attended the deceased from	14 14 11 , 19 85 85 , and that in (my) (our) apinion	to July 17 death occurred on the date and hi	, 19 <u>85</u> , that [II (we) lost our and from the couses stated
0 0 0 0 5	22b. SIGNATURE	Calolos	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/17/85
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If	22d. PHYSICIAN'S NAME (TYPE	lalobos. MD	9000 Frankli	n Square Dr., 21	237
D € 2 € 3 € • • • • • • • • • • • • • • • • •	230 BURIAL, CREMATION, REMOVA Burial	L 23b DATE 23c.1	NAME OF CEMETERY OR CREMATORY rdens of Faith	23d LOCATION Balto.	BaltowndarMD

TJOHRA DECTOMILLER, Inc., 6415 Belair Rd. 21206

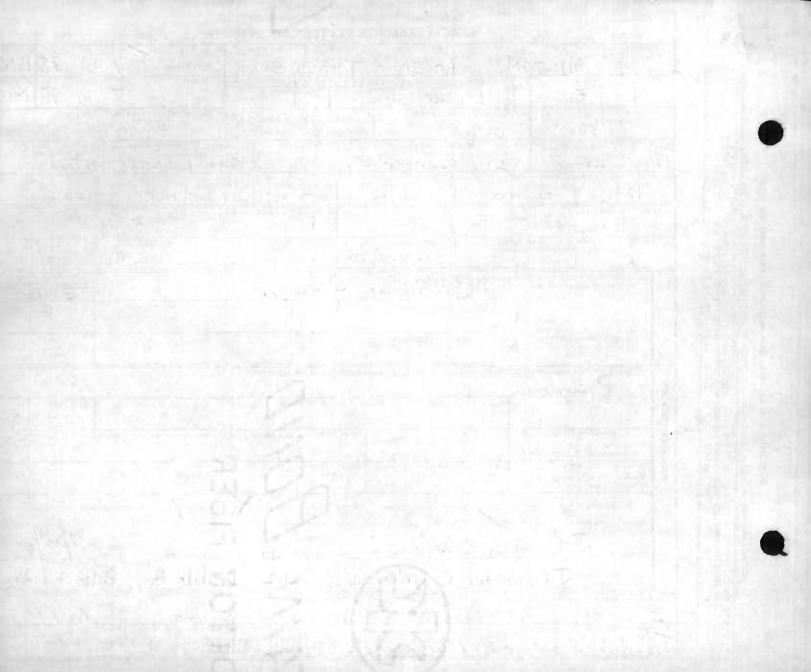
250 DATE RECID BY RESISTRAR'S SIGNATURE

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noy be			CEASED NAME	EEWI.S		MIDDLE OMAS	7.	ST		20 DATE OF DEA	TH MONTH	5	YEAR S	S S S S S S S S S S S S S S S S S S S
may pog er de	13	3. SE			4. RACE		S. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UND	ER 1 YEAR	IF UNDER 24 HRS.
ge 4	7.		Male		Whit	.e	MONTH	22	e /	83	YRS	MONTHS	DAYS	HOURS MIN.
nerol dire	5/	7a. BI	THPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTI	RY? 8 MARRIEI WIDOWE	NEVER MAI	RRIED -	9. BALTIMORE CI Baltim		TY OF D	EATH	M
	1		kesville	тн	(IF NOT IN SUC	CH FACILITY, GIVE ST		R OTHER INSTITU	UTION	12a USUAL OCCU	PATION NOST OF WORKING	12b	KIND OF DUSTRY	BUSINESSOF
The second of	36	13a. S	L RESIDENCE (IF YURS	HOWA	OTHER INSTITUTION		OWN	13d. INSIDE CITY	LIMITS?	130. STREET ADDR	ESS esleigh			046
d within	20	-	THER'S NAME David F				ia	15. MOTHER'S M	AAIDEN NAM	MID		DI.	LAST	
RE, N	17		AS DECEASED EVER			166 SOCIALS	ECURITY NO.	Lydia 17. INFORMANT		Tappin	DDRESS			
BALTIMOI cafe be exe opers. Page	pa ed	No	ES. NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	314 05	5 2943 7	David 1	E Thom	as 1011	7 Wesle	eigh	Dr 2	1046
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The low requires that the death certificate physician. There this certificate has been signed by the offending as the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren	y injury, ar other traumat	TION	Conditions, if any, gove rise to impedie to impedie to impedie to impedie to impedie to the constant of the co	nediote g the lost.	(c) CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	7	O THE TERMI	Least d D se NAL DISEASE OR	CONDITION	GIVEN IN	5 PART 110	
TAL REC	2	CERTIFICATION					ICH OPERATIO			YES NO	IN CER	TIFYING	CAUSES	OF DEATH?
SICIAN: ng physical certificaturial-transferral Hy	Her Ja	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	ATH HOUR A	.M. MONTH .M.	DAY YEAR 19			ED (ENTER NATURE C	F INJURY IN ITEM	B PART I OF	PART 2)	
DIVISIO DIVISIO NG PHY After this as the b th and A	orked or	MEC	21d. INJURY OCCUR!			OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET		CITY	OR TOWN	cc	YINU	STATE
ATTEND spital or CTOR: A for use	n 21 is m		270. Certifywhet (1) sow the decease abave, (1) (***) (ed alive on	44	Res 5	9 <u>65</u> , or	d that in (my) (19 opinion d	eoth occurred on	the date and h			
TAL OR by the horal DIRE detached tote Deph	H He		226. SIGNATURE		Mar	well	en		ENDING YSICIAN	MEDICAL DIRECTOR PI	STAFF HYSICIAN [2:	7/ S	16NEO
TO FUNE should be with the Si	MPORTAL			EL	LEV	IN .	M.D.	6/6/ /	PK H	GTS AUE		70 1	10	2121
BP		(urial, cremation, specific emation	REMOVAL	July 6			Memoria			ville			state aryland
DHMH - 16 50M 4/ (VRA 15, 4)	′B2		rry ^M H Witz	ke 41	12 colu	mbia Ra	^s Ellico	tt City	ZSO. DATE	9 198	RAR 256. REG	ISTRAR'S		Parkers.

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w · · · · · ·	(TYPE OR			061	n A	-1)	-	0/1	1 0	20	OF E	STI-	7 10	19 8 5	26. HOUR
EASI TOR SUR!	3 SEX	14. RAC	TILTO	5. DATE OF BIRTH	Pula	6 AGE (IN YEA	os III IINI	DER I YR.	IF UNDER	24 HRS. 2	DEATH M		ONTH DAY		1 GOG
IS NECESSARY, PLEASE FUNERAL DIRECTOR. WAS FOW PILES. ED WITHIN 72 HOURS IN W. PRESTON STREET.	1	1 3		MONTH DAY	26	LAST BIRTHDA	Y) MONTHS		HOURS		RONOUNCE DEAD		7 10	1985	1816
ESSA RESSA	7a. BIRTH	PLACE (STATE OR		76. CITIZEN OF W	HAT COUN	TRY?	8. MARRIE	D NE	VER MARRI	IED X	BALTIMOR	E CITY OR C	OUNTY OF	DEATH	
A SAN SAN SAN SAN SAN SAN SAN SAN SAN SA		Va	4	U.S.	A .	50.30	WIDOWE		DIVORC			Count	yof E	Baltin	more
SEC.	10 CITY C	OR TOWN OF DE	ATH	11. NAME OF HOS		RSING HOME	, OR OTHE	R INSTITU	TION	12a USUA	L OCCUPAT	ION (TYPE OF	WORK 12h K	IND OF BUS	SINESS
RE, MD, 21201 EATH. IF ANY DELAY IS NI ES 1, 2, AND 3 TO THE F PM 3. RETAIN PACE IND 2. SHOULD BE FILED VITAL RECORDS, 201 W.	lunn		ion	219	Cer	nter	ST.			Foot	hlohon	" Stee		Teel.	
ON AND STATE OF THE STATE OF TH	USUAL RE		1136 COUNT	OTHER INSTITUTION, G		OR TOWN		3d. INSIDE C	TTY HIMITS?	II3e STREE	LADDRESS	11199			
21201 E ANY AND 3 RETAI HOULE		Md.	Ba	10		ndalk		YES Z	NO 🗆	219	Center	- ST.	212	222	
MD. MD. M. 3. 2, M. 3. 2, S.	14 FATHE	R'S NAME	•	MIDOLE		LAST			ER'S MAIDE	NAME	MIDDL	E 1		LAST	
BALTIMORE, MD. SS AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3, PAGES 1 MD 2 3, INISION OF VITAL		Edmo			rowe	1		Pe	arl			5	ird		
IMO PAC ON O	160.,WAS (YES, NO	DECEASED EVER	IN U.S. ARM	ED FORCES?		IAL SECURITY	1	17. INFOR	TAAN	1		ADDRESS	0 1 1	212	13
OURS AFTER 18 GIVE PAR 5 WITH FOR MIT PAGES IN SION SION OF STAN OF ST		Res	V	NWIT	220	-18-76	30	Dorc	sthy	Jones	5-26	36 E.	Biddle	ST.	
	18.	CAUSE OF DEATH W	TH (Enter only	one cause per light	3 or (a), (b)	, pnd (c).)	1						BEI	APPROXIMATE	INTERVAL AND DEATH
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 18, ANE ALONG WARNS, PERMIT AL HYGIENE, DA REMOVAL.	100	TARTIDEATT	IMMEDIATE	CAUSE (a)		WOW)	70	700	My						caus
ST PAL		C 19 9	1 .	DUE TO, OF	AS A CON	ISEQUENCE C	OF U		0					0	
NER ZAN		Canditions, if	immediate	(b)											
201 W. PRE UTED WITHI IN PENCIL EXAMINER FIAL TRANS O MENTAL I ON, OR REA		lying cause last		DUE TO, OR	AS A CON	SEQUENCE C	F						10 6		
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LECORDS, 2011 ULD BE EXECUTED "PENDING" IN PI A MEDICAL EX- ED AS A BURIAL HEALTH AND ME AL, CREMATION, (T 2 OINER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 to t					
RECOIL TO BE FOR THE SELECTION OF AS A HEALTH	<u>ē</u>	ne	mamy												
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	CERTIFICATION 13/0	EXTERNAL CAU	CEVALAC	231 71115 O										YES 🗌	NO V
ICATE THE WOLD B STAKEN R. TO B		DERLYING		21b. TIME O HOUR A.A	MONTH	DAY YEAR	21c HO	W INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
ISION OF ERTIFICATE ING THE VE ISHOULD EPARTME		NTRIBUTING [19	1011 100	. 7.011					7.20		
OFFI PERSON	W W		WHILE	21e PLACE STREET, FAC	TORY, FARM, ET		211 LOC	REET			CITY OR TOWN		COUNTY		STATE
WAN WAN 1212	AT	WORK AT W							3	75					
CATE CATE FOR: THE S AND,		22a I certify that	I took charge	of the remains de	cribed obo	ve, held an	Autopsy	, 🔲,	Inspection	n N.	Inquiry Z	and in	my opinion		
FE E	de	eath resulted fram	n: Natura	l causes	Accident	, Sui	cide .	Hamie	ide .	Undeter	mined monne	er .		1	
EXAMII CERTIFIC CERTIFIC DIRECT WITH T	1	TUAL 1	0.	110 1	1.			TIME (S	PECIFF)					7/10	-
ICAL EXA THE CER SHOULD ERAL DIR EATH, WI		NATURE	ماد) ،	Atom C	955	cra-	M.E	1)6	both	MEDIC	AL EXAMINE	ER S	SIGNED		82
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE BOSE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	EX.	MINER'S NAME PE OR PRINT)	J.CF	UNSSAN!	01	Land	AN.	DDRESS_	2115	Do	dulk	Ave.	Ball	wid.	2/25
DAT DATE		L, CREMATJON, F	REMOVAL 231	DATE /		IAME OF CEM			ORY	23d. LOC	ATION			7-	
BP.	13°CIF	(12/4/		7/13/83		Ut. C.	+/120	+ 4	The L	CITY OR	TOWN		COUNTY	1 At. STA	TE.
DHMH - 17	24 FUNE	RAL DIRECTOR		1 10-			10/1	1	25e. DATE R	REC'D. BY R	EGISTRAR	Sh. REGISTRA		TURE	17
(VR A15 ME (5))	Jas.	A. Mna	TON	4 LONS	1701	Laur	ENS	V	JUI :	1 2 19	85 94	his David		pale	
20M 4/82	1 0			60.0				V / 1	7.7					-	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 214109 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGINO. DECEASED PERME KNOWN X OF **TOMSHACK** ESTI-LOUISE ANNE DEATH MATED 7-29-85 19 4. RACE 5. DATE OF BIRTH FOR YOUR FILE WITHIN 72 IFON PRESTON STREET 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 7-29-85 Female White April 7 1931 54 DEAD 76 CITIZEN OF WHAT COUNTRY? To, BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore County Pennsylvania U. S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Smith Avenue FOR MOST OF WORKING LIFE) Lansdowne Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NOVY Baltimore 212 Smith Avenue Maryland Lansdowne 21227 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST LAST Pasqule Philomena Variali Faggioni 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 194-24-9707 Joseph Thomshack 2212 Smith Avenue 2122 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF URIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TID CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted fram: Suicide 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Howard Elkridge August 1 1985 Meadowridge Mem. Park Burial BP 07/84 24 FUNERAL DIRECTOR

25M **DHMH - 17**

(VR AT5 ME (5))

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

200

11/1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 5 _{G. NO.} (8 9 7 1
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	28 TIOON
,	Vera	Α.	Turck	July 1, 1985	11:28
3. SE	Х	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
	Female	White	1 20 1918	67 YRS.	DATS NOOKS MIN.
7 a. E	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Maryland	U.S.A.	WIDOWED TO DIVORCED	Baltimore Coun	ity "
10.0	Rossville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squa	NG HOME OR OTHER INSTITUTION ADDRESS) re Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homema	126. KIND OF BUSINESS OF INDUSTRY
130.	STATE 13b CC	or other institution give residence before unity 136. CITY OR TOW ESSEX		130 STREET ADDRESS / ZIP CODE 2162 Vailthorn Ro	d. 21220
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	Unknown	LAST
	WAS DECEASED EVER IN U.S. (18 YES, NO OR UNKNOWN) (18 YES,	ARMED FORCES? 16b. SOCIAL SECU GIVE WAR OR DATES) 214/26/8		ADDRESS Turck (son) same	as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, ar other troumotic may	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
NO					
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT (OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (this has sow the deceased alive	on		deoth occurred on the date and hour	
	THE DISTRACTOR		DEGREE		22¢ DATE SIGNED

DHMH - 16 60M 7/84

Walter Brooks Bradley Inc. Balto., Md. 21222 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

Dr. Linda Villalobos

23b. DATE

7/2/1985

23c. NAME OF CEMETERY OR CREMATORY

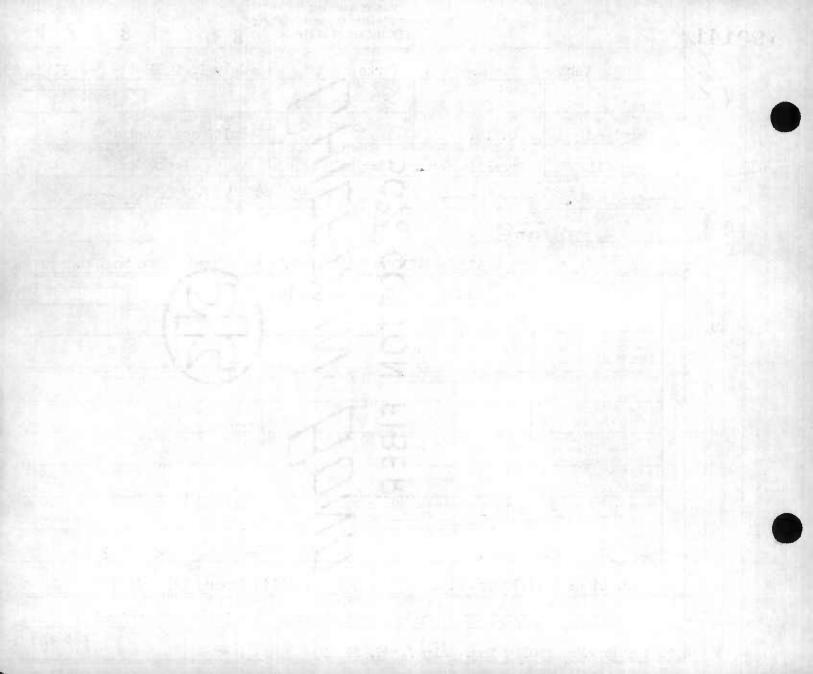
Green Mount Cemetery

M.D.

Baltimore, Maryland

STATE

9000 Franklin Square Dr., 21237



STATE OF MARYLAND

GIENE	8	ALEG. N	10.	8	9	1	4
10.0	ATE	OF DEATH		0.18	VE AD	101 110	110

	1 - STATE	DEPARIM	ENT OF HEALTH AND MENTAL HT	DIENE	0 1 1 1
088	REGISTRAR		CERTIFICATE OF DEATH	8 GEG. NO.	8 9 1 2
1	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Geor	ge Robert	Turner	7 - 2	2-1985 1:45 PM
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
	/ Male	Black	MONTH DAY YEAR 5 9 1889	06	MONTHS DAYS HOURS MIN.
201	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	5 9 1889	96 YRS	TY OF DEATH
264	COUNTRY		MARRIED NEVER MARRIED		
6/	Maryland	U. S. A.	WIDOWED DIVORCED	Baltimore Cour	nty MD
EA	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION DDRESS)	12a USUAL OCCUPATION	12h KIND OF BUSINESS OF IND CONTINENTAL
ZV	Baltimore	Baltimore County	General Hospital		cker Can Compan
201	SUAL RESIDENCE (IF NURS OM	COR OTHER INSTITUTION, GIVE RESIDENCE BEFORE.	ADMISSION) 1 13d. INSIDE CITY LIMITS?		DE 3413 Mondawmin
切り	Maryland	Baltimor			Maryland 21216
25	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
5///	John John	MIDDLE LAST TURN	FIRST	WIDDLE	LAST
	160 WAS DECEASED EVER IN U.S.			COLA ADDRESS	Unknown
2 medico	(YES NO OR UNKNOWN) (IF YES	(i. GIVE WAR OR DATES) 218-10-9		6914 Digby F	Road
1	No.	218=10=9	130 Irma T. Parh	am Baltimore, M	Maryland 21207
	18 CAUSE OF DEATH (Enter	r anly ane cause per line far (a), (b), and	(C).)		APPROXIMATÉ INTERVAL BETWEEN ONSÉT AND DÉATH
> A		DIATE CAUSE (a) Sepsis			
ar of		DUE TO, OR AS A CONSEQUE	NCE OF		
, E	Canditions, if any, which				
PTO T	gave rise to immediate	10)		we manile	
her	cause (0), stating the		NCE OF		AND THE RESERVE OF THE
0 40		(c)			
3		NT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION O	GIVEN IN PART 110
i i	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ien, Malnuinri	1.00		
0	M DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
3	E			YES NO	YES NO
00	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
E	OR CONTRIBUTION C CALIFE OF		Y YEAR		
T He	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	211 LOCATION		
9		(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
Š	AT WORK AT WORK				
		aspital) attended the deceased fram	, 19	, to	, that (I) (we) last
4	saw the deceased alive above, (1) (we) (did) (did	an	and that in (my) (our) opinion	death occurred an the date and h	aur and fram the couses stated
E	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
<u>e</u>	10000 AL. 1	66	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
-/	22d PHYSICIAN'S NAME IN	(PE OR PRINT)	22e ADDRESS	DIRECTOR PHISICIAN E	
DRT.					
MPORT	Allan J-C				
	23a BURIAL, CREMATION, REMOV		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	7/27/1985 Arb	utus Memorial Pari	k Balt	imore, Maryland
A 7 (D)	24 Nutters & Sons	Funeral Home, Inc.	21216 25a DA	TE REC'D. BY REGISTRAR 186 REG	SPRAR'S SIGNATURE
A 7/84	2501 Gwynns Fal	ls Pkwy. Baltimore	. Maryland	T 2 6 1985 1 ~	carlasov-Nadore
17	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		,	1 2 0 1000	

DHMH (VRA 15, 4)

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Enla State S

Said toke, Yery and

Further & Sons Funeral lose, inc. 21218
Nutter & Sons Funeral lose, inc. 21218
2501 Beynns Falls Book, Matthorn, Muryland | 1131

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 212029 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) (JR.) ESTI-MARCELLUS H. DEATH MATED UHLER 4 RACE 5. DATE OF BIRTH SEX AGE IIN YEARS IE UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) HOURS PRONOUNCE MALE 02 30 17 WHITE 55RS DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? A RALTIMORE CITY OR & FOREIGN COUNTRY) MD WIDOWED BALTIMORE USA COUNTY O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Mechanical Eng. TOWSON Gas & Elec. JOSEPHS HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD BALTIMORE TOWSON NO X YES | ACORN CIRCLE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Hemphill Marcellus Uhler, Sr. Erma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 21093 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-26-3339 Barbara E. Uhler: 2125 Fountain Hill Dr. Yes Korean 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 DEPARTMENT NO A 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an Inspection C Autopsy Inquiry and in my opinion death resulted from Homicide Undetermined manner PAGE 4 SHOULD TO FUNERAL D AFTER OF ATH, BALTIMORE, M EXAMINER'S NAME Charles F. O. Donnell 7501 York Rd.; Towson, MD 21204 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Baltimore MD Burial 07-30-85 Woodlawn Cemetery BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE **DHMH - 17** Hubbard Funeral Home; 4107 Wilkens Ave. 21229 (VR A15 ME (5))

20M 4/82

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

NE SEG. N	10.	8	9	7	4
20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR 1
	07	17	185	2:4	F5P
AGE (IN YEARS LAST B	IRTHD AY)	IF UND	ER I YEAR	IF UNDE	R 24 HRS
		MONTHS	DAYS	HOURS	MIN.

FOR STATE REGISTRAR			DEPART	CERTIFICATE		69 L	. NO.	8	9	7	4
1. DECEASED NAME	FIRST		WIDDIE	LAST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26. HOL	JR 1
(TYPE OR PRINT)	FRANC	IS	T.	USILTO	N	33.75	07	17	185	2:4	15P,
3. SEX		4 RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	R 24 HRS
Male		Car	ucasian	2/15/1	1 YEAR	74	YR	S.	DAYS	HOURS	MIN.
To BIRTHPLACE (STATE	OR FOREIGN	7b. CITIZEN	OF WHAT COUNTRY	MARRIED NI	VER MARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF I	DEATH		
Marylan	nd	1	USA	WIDOWEDXX	DIVORCED	BALTIMO	RE COL	UNTY.			M
10 CITY OR TOWN OF			OF HOSPITAL, NURS		RINSTITUTION	120 USUAL OCCUP			b. KIND C	OF BUSIN	ESS OR
TOWSON.		GREA	TER BALTIM	ORE MEDICA	L CENTER	Conduc	tor		Rail	Lroa	d
USUAL RESIDENCE (# 1	NURSING BOME OR	OTHER INSTIT	UTION GIVE RESIDENCE BEFO	RE ADMISSION)	IDE CITALIAN IECO						

		13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
Maryland		Baltimore	YES NO	4557 Shamrock	Ave, 2120	16
N FATHER'S NAME			15 MOTHER'S MAIDEN NAM			
FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
George T.	Usilton		Helen E.	Thompson		

Suite #402, Towson, Md 17 INFORMANT 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN Joseph Burns-305 W. Chesapeake Ave 717-07-9587 No

DADT I DEATH WAR CALISE	ly ane cause per line far (a), (b), and (c) D BY E CAUSE (a) CARDIORESPIRATORY ARREST	BETWEEN ONSET AND DE MINUTES
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF ((b) METASTATIC CARCINOMA	MONTHS
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF PANCREATIC CARCINOMA	MONTHS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES □ NO□	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (GS USED OF DEATH?
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

this hospital attended the deceased from aur) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

CHADLES STREET 21204

	S		GDMC - 0701	N. CHARLES	SIKEEI	2120-
BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF CE	EMETERY OR CREMATORY	23d LOCATION	COL	INTY

7/19/85 Lorraine Pk Burial 24 FUNERAL DIRECTOR 3331 Brehms Lane

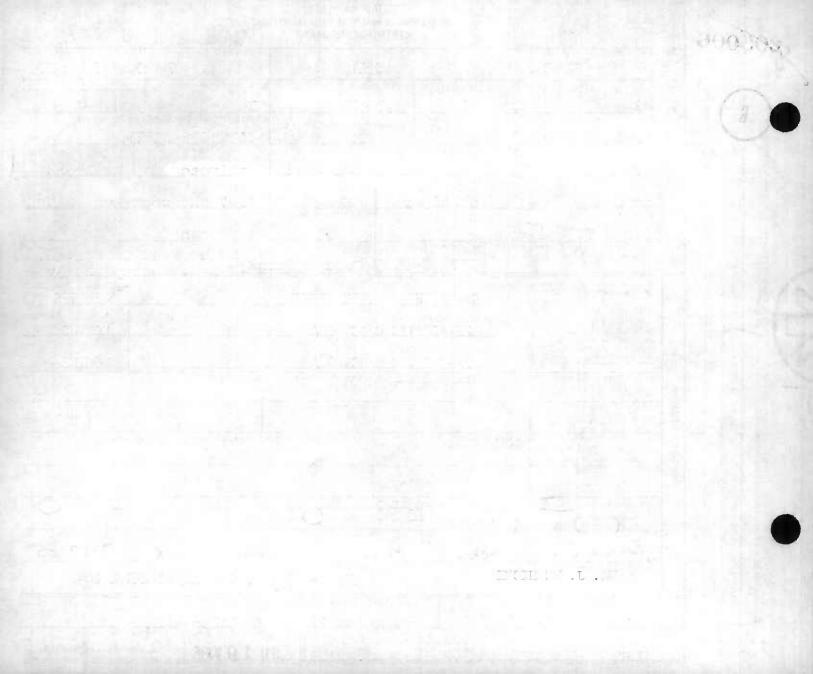
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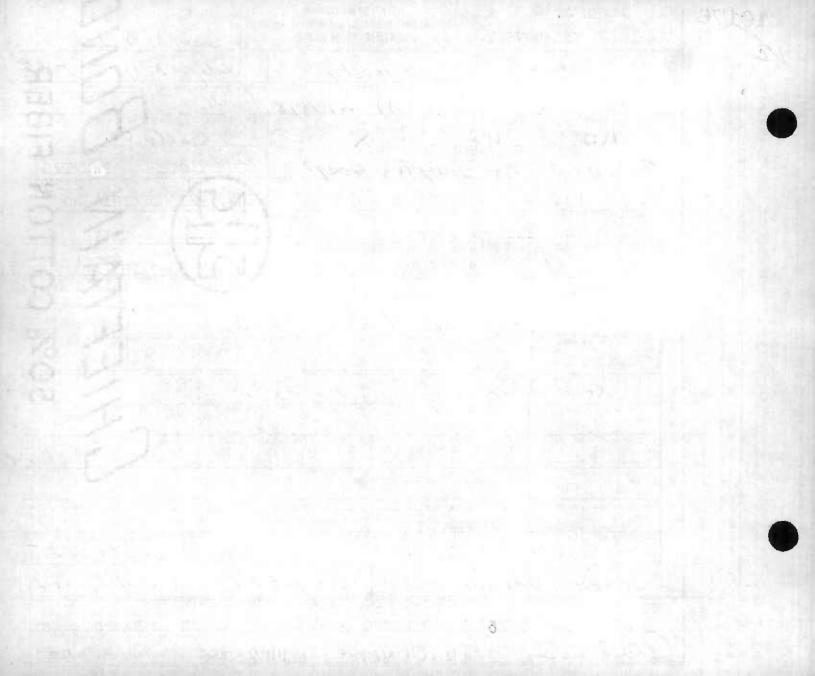
SCHIMUNEK FUNERAL HOME, Balto, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

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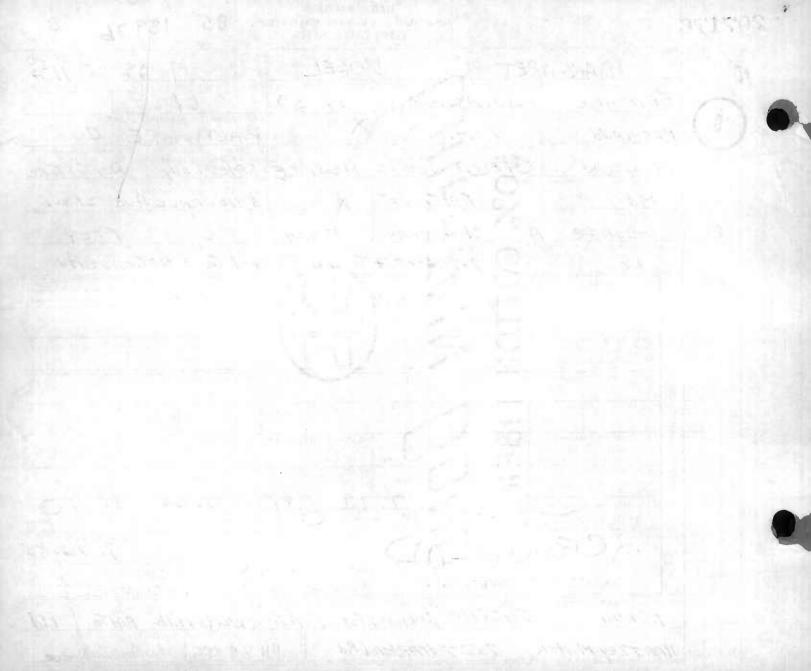


STATE OF MARYLAND	
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7176		FOR STATE REGISTRAR				ATE OF DI	EATH	REG. N		776	8 9
1		CEASED NAME FIRST OR PRINT) MARGH		C.	V	OGEL		20 DATE OF DEATH	MONTH 3	DAY YEAR	11 AM
1	J. SE	EMALE	1 RACE CAUC	ASIAN	S. DATE OF	BIRTH	YEAR 3	6 AGE (IN YEARS LAST B	YRS.	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
6	M	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF	SA,	8. MARRIED WIDOWED	-	ARRIED ORCED	BALTIA	DR COUNT	- 0	O. "
100 mg	10 C	OWON OF DEATH	11. NAME OF I	HOSPITAL, NURSING THE FACILITY, GIVE STREET A		HOS	PICE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST S'A/ES LA	OF WORKING LI	FEI INDUSTRY	STORE
must be	13a :	AL RESIDENCE (IF NURSING HOME ISTATE 136 COL		GIVE RESIDENCE BEFORE	1 11	Id. INSIDE CIT	Y LIMITS?	130.STREET ADDRESS	ZIP COD	E	1206
and 2 s	14 F	GEORGE	A	Chalme	RS 1		MAIDEN NAM IRST 9RY	MIDDLE C		FRO	37
Pages medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, C	RMED FORCES? GIVE WAR OR DATES)	217-16-8		Tosep!		igel JR.		FRACE	Ave.
moval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per SED BY: ATE CAUSE (a)	linfo(o), (b), and	STA	TIC t	SREA	ST CAR	CEN	BETWEEN O	MATE INTERVAL INSET AND DEATH
n, ar re		The state of	7	R AS A CONSEQUE	NCE OF						
sse remays , crematio		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		R AS A CONSEQUE	NCE OF	46	37				
hen plea to burial	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	OT RELATED T	TO THE TERMI	NAL DISEASE OR COM	IDITION GIV	EN IN PART TIO	
permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH (PERATION	WAS PERFOR	MED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES (IGS USED OF DEATH?
ind-transition into Hyginem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	ILUI MOH 31	URY OCCURRI	ED (ENTER NATURE OF INJ			
s the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		12	II LOCATION	N	CITY OR TO	NWC	COUNTY	STATE
for use of Healt		220.1 certify that (I (this has sow the deceased alive a abave, (I) (we) (did) (did r	つつ. つ	e deceased from	ر and	that in (my)	ur) opinian d	eath accurred an the c	late and hav		hat (I) (we) as
detached ote Dept T. If Item		22b SIGNATURE FO	ulkn	erm	DE	GREE AT Ph	TENDING HYSICIAN	MEDICAL STA	FF CIAN []	22c DATE S	SIGNED 22,80
hould be d	W.	22d PHYSICIAN'S NAME (TYPE Kendall R		er, M.D.		2e ADDRESS	Stell	la Maris Ho Valley Rd	spice		n 21204
₹ ₹ ₹		SURIAL, CREMATION, REMOVA	L 23b. DATE JULY 25			ETERY OR CR	REMATORY	23d LOCATION CITY OR TOWN	1:16	county	STATE
16 60M 7/84	24 FI	JNERAL DIRECTOR		OH)	RISON	FORES 7		REC'D. BY REGISTRAF	6	RAR'S SIGNATU	JRE /70
15, 4)	11	ARTZey Mille	R 7.	5271/1	RERA	(Kd	JU	L 2 4 1985	Fichia	Davidson-7	Pandage



4			STATE OF MARYLAND	
* The second second	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
190075		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH, REG. NO. 8	
1		CEASED NAME FIRS	20. DATE KINOVIA II DATE TEAM IZE.	COS
174	(TYF	E OR PRINT)	MARLES WAECHTER, JR. DEATH MATED TUTY 4/19 85	X
25 E E E E E E E E E E E E E E E E E E E	3. SE		ARLES WAECHTER JR DEATH MATED 4 19 83 15 DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. 1 IF UNDER 24 HRS. 24. DATE MONTH 94 YEAR 10 1	OUD
57. 58	3. JL/		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	52
19000		M W	10 15 26 58 YRS. DEAD VIV 4 1968 /	M
- C \-		RTHPLACE (STATE OR DREIGH COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED V NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
第5章 下		ARYLAND	U.S.A. WIDOWED DIVORCED DI BALTIMORE CO.	MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF AUSINES	S
PAGE		TOWSON		
N N N N N N N N N N N N N N N N N N N	USU		GREATER BALTIMORE MEDICAL CENTERSECURITY ADVISOR GOV	1
ANY DE AND 3 TO RETAIN COULD BI RECORDS	13a. S	TATE 136. CO	COUNTY 13c. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e. STREET ADDRESS	
	MA	RYLAND BA	BALTIMORE 21204 YES NO X 21 1-A TREEWAY CT. 212	:04
H. H.	14. F.	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE LAST	
EATH WE		CHARLES	WAECHTER, SR. CHARLOTTE DORSCH	
FTER DEA FTER DEA FORM P FOS 1 AN	16a.\	WAS DECEASED EVER IN U.S	J.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
, BALTIMORE, MD. URS AFTER DEATH WITH FORM PM F. PAGES 1 AND 2 DIVISION OF VITA	()	YES 194	765, GIVE WAR OR DATES) 43-1963 214-20-2919 CHERIE L. WACHTER TOWSON, MD 212	404
RS GN GN VITH PAC IVIS				
		18 CAUSE OF DEATH (Enter	APPROXIMATE INTER CAUSE per line (67, 1), (b), and (c).) CAUSED BY:	EATH
TON ST. V 24 HC I ITEM I ALONG PERM! GENE.			MEDIATE CAUSE (a)	1
A TA B A L			DUE TO, OR AS A CONSEQUENCE OF	
PRESTON ST., WITHIN 24 HOI CIL IN IEM IB INER ALONG ANSIT PERMIT AL HYGENE,		Canditions, if any, w		_
		cause (a) stating the un		The same
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DS, 301 W. XECUTED ' G" IN PEN G" IN PEN G" AND MEN ION, OR RE		PART 2 OTNER SIGNIFICANT CONDIT	NOITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
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EWA AS	CERTIFICATION	18s, DATE OF OPERATION	N TIPE CONDITION FOR WHICH OPERATION WAS PERFORMED? THE AUTOPSYT	-
A CONTRACTOR	Ş	THE DATE OF GPERATION		
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N HEOSER	3	CONTRIBUTING CAUSE		
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DIA PROFESSION OF PROFESSION O	1 %	WHILE AT WORK AT WORK	ILE SHEET, FACTORY, FARM, ETC.) STREET CITY OR YOMN COUNTY 8	EASE
THE WAY		ALWORK ALWORK		-
ATE ATE		ZZv. I certify that I took o	k charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion	
A THE CONTRACTOR	12	death resulted from:	Notwool courses	
文法の書を名		1//	7/1/0	_
THE SOUND THE		ACTUAL	Collet Choscollan Upelly MEDICAL EXAMINER SIGNED 405	
SHOW SHOW				
WED TO THE	+	(TYPE OR PRINT) CH	HARLES O'DONNELL ADDRESS	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNCAL AFTER DEATH BALTIMORE	73a F	SURIAL, CREMATION, REMOV	OVALITABLE TO NAME OF CEMETERY OR CREMATORY 1734 LOCATION	
	(SPECIFY)	TITTY O 10 COUNTY TRATTERY MEDIA CAD DAT DITMODE CO MD	
BP	24 5	BURIAL UNERAL DIRECTOR	JULY 8, 85DULANEY VALLEY MEM. GAR. BALTIMORE CO., MD	
DHMH - 17 (VR A15 ME (5))		NAME	ADDRESS ADDRESS	
15M 7/76	WI	LLIAM E. JO	JOHNSON8521 LOCH RAVEN BLVD JUL 05 1985	

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Mr. Paul Walke July 9 1989 3 SEX 5. DATE OF BIRTH MONTH YEAR Caucasian January 29_1922 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? VER MARRIED WIDOWED DIVORCED [Germany Baltimore County CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LTYPE OF WORK FOR MOST OF WORKING LIFEL Randallstown 3801 Lumo Rd. Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore Randal Istown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Paul Walke Louise Knecht Walke 17 INFORMANT Mary Alice Walke 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 072-16-6514 3801 Lumo Rd 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost. DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 19b. CC 21a ACCIDENT WAS UNDERLYING 21b. TIM 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) optended the deceased from 726 SIGNATURE DEGREE WEDICAL FUNERAL 22e ADDRESS d b 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE

153057

Film G608 item 16a - STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3801 Limo Rd

20 DATE OF DEATH MONTH

LAST

21133 Pandallatown

IF UNDER I YEAR

INDUSTRY

25 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

NDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTC	PSY?	10b. IF YES, WERE FIN	DINGS USED SES OF DEATH?
		YES [NO	YES	NO 🗌
AE OF INJURY	21c HOW INJURY OCCU	RRED (ENTERNA	TURE OF INJUR	RY IN ITEM 18 PART OR PART	2)

CITY OF TOWN COUNTY

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATES

STAFF DIRECTOR [] PHYSICIAN [

001100017101		
1		

COUNTY

(SPECIFY) Burial Lake View Memorial Park

Carroll

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Loring Byers Funeral Directors. Inc. 8728 Liberty Road Randallstown, Maryland 21133

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		FOR STATE REGISTRAR	FIRST		DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 5 _{G.N}		8 9	7 9	
1 19208	CHAPE	CEASED NAME OR PRINT)	Alla		C,		LKER	July 5, 198		Y YEAR	2b HOUR 19	
at a more	3. SEX Male				5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	D:3U D IF UNDER 1 YEAR WUNDER 24 HR. KONTHS DAYS HOURS MIN			
1 16		RTHPLACE ISTATE OR FO	76 CITIZEN OF WHAT COUNTRY?			D DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County					
4 4 4 4	10. CITY OR TOWN OF DEATH Bossville 21237			11. NAME OF HOSPITAL, NURSING HOME OF THE PROPERTY OF THE STREET HOSPIT		öspit		120 USUAL OCCUPATION OF THE SEMINATION OF THE SE		EBUSINESS OR Customs		
m 36	13a	0	136 Bal	oiher institution	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 11114 Tace	ZIP CODE Drive	Apt 2	2B 212	2
020			nown	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	iet Walke	_	LAST		
be seed on and c	160 \	VAS DECEASED EVER II YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	216 44		Helen C. Wal	ker, Wife	Sar		MATÉ INTERVAL NISET AND DEATH	
equires that the death is signed by the attendi. Then please remave car to burial, cremotion, or injury, ar other traumati	NO	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	ediote g the lost	(b) DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	IN PART 1co		
N: The law re ysician. cote has beer ransit permit Hygiene priar Hygiene priar 18 shows any i	CERTIFICATION	19a. DATE OF OPERATI	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	GS USED OF DEATH?	-
SICIAN: 1 ng physic certificate virial-trans tem 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (1F EITHER NOTIFY MEDICA	AUSE OF DEA	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PAR	TIORPART?)		
attending the this as the but hond M orked ar	MED	21d INJURY OCCURRI	LE 🖂	21e PLACE (OF INJURY BET, FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TO		COUNTY	STATE	
Spitol or CTOR: A for use of Heal		220. certify that () sow the deceased above. ()we) (di					2 , 19 <u>85</u> d that in ()(() (our) apinion (deoth occurred on the do	, 17		hat X (we) last auses stated	
HOSPITAL OR And by the house of the bound of the bound of the bound of the State Dept.		220. BAYSICIAN'S NA	ALE PE	John			ATTENDING PHYSICIAN	MEDICAL STAL	FIAM	7/4	5/85	
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BP	/	BURIAL, CREMATION, SPECIFY) Dyrial	EWOVAL	7/9	4-3-1		s of Faith C		ltimor			
DHMH - 16 60M 7/84 (VRA 15, 4)	Big	ozdzinski I	uner	11 Home	A 1467	Old E	astern Ave	UL 09 1985		ing doon		

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STATE OF MARYLAND

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0065		REGISTRAR CEASED NAME	FIRST		MIDDLE		AST .	DEATH	Ö	F DEATH M	ONIH	DAY YEA	7 0 1	
M		E OR PRINT)			MIDDLE		ASI		ZO DATE C	DE DEATH M	ONIA	DAT TEA	2b HOUR	
9			WILLI		LLOYD	WALI			1 105	July		985	3:16r) M
5	3 SE	X		4. RACE		5. DATE C		YEAR	AGE (IN	YEARS LAST BIRTH	DAY)	MONTHS D	EAR IF UNDER 24 H	RS IN.
31		Male	1 21	Ţ.	Vhite	Oct	. 5	1899	85		YRS.			
26	7a. B	IRTHPLACE (STATE OF I	FOREIGN	75 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVE	R MARRIED	9 BALTIM	ORE CITY OR	COUNTY	OF DEATI	H	
3/		Maryland		USA		WIDOWE	WIDOWED DIVORCED			altimor		unty		MD.
3	10 €	ITY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			NOITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
10/1	2	Baltimore		Greate	r Baltim	ore Me	dical	Center		Emplo			vil Engr	
OL	USU 13a	AL RESIDENCE LIF NURS	13b COUN	OTHER INSTITUTION	130 CITY OR TO	RE ADMISSION)	LI34 INSIDE	CITY LIMITS?	13e STREET	ADDRESS / 2	ZIP CODE			
100	M	aryland		more	Cockey		YES 🗌	NO 🔀					21030	
100	14. F	ATHER'S NAME	WI CO	MIDDLE	LAS1		15 MOTHE	R'S MAIDEN NAM	ΛE	MIDDLE				
50	1	William			ick Wa	llace	Est	telle		G.		Pe	eterson	
9		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFOR			ADDRES:	5		ACT BOIL	
1/3		YES NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	217-36	-4152	A	Ruth C.	. Wal	lace.	608 1	Knoll	crest P	1
4			H (Enter on	ly one couse per									PROXIMATE INTERVAL	
-	10	18. CAUSE OF DEATH (Enter only one couse per line far 10), (b), and IC) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left pyelonephritis												
20 of 10 of	DUE TO, OR AS A CONSEQUENCE OF													
y of the		Conditions, if any,	which	((6)	Left ur	eteral	obst	ruction						
4		gave rise to imr	nediate	DUE TO O	R AS A CONSEO	IENICE OF						-	-111-107-1	
ŧ	1	underlying cause		(6)	Carcino	ma of	bladd	er				- 13		
0		PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEA	SE OR CONDI	TION GIV	EN IN PAR	T l a	
1	N N			of the										
11667		19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE							
this certificate the bring the burief-trons are the burief-trons are the first and Mental Hygens properties of an Item 18 showing the MEDICAL CERTIFICATION	Ē			4 12 33					YES X	NO	YE		NO [
	1 8	210. ACCIDENT WAS UNI	-	216. TIME C	FINJURY M. MONTH (DAY VEAD	21c. HOW	INJURY OCCURR	ED (ENTERN	ATURE OF INJURY	IN ITEM 18 F	PART I OR PART	(2)	
	4	OR CONTRIBUTING		1171	M. MONTH L	19								
	Ö	21d INJURY OCCUR	RED	21e PLACE		E/11.1.59	211 LOCA	TION		CITY OR TOWN	u	COUNT	Y STATE	
rked	\$	WHILE NOT WE	HILE	(AI HOME ST	REET, FACTORY OFFICE	, FARM, ETC }	318	ec.		CITI ON TO			JIAIC	
E		22a.1 certify that (1) (this haspital) attended the deceased from July 8 , 19.85 , to July 9 , 19.85 , that (1) (we) last												
21 is		saw the deceased alive an												
Hem		22b. SIGNATURE DEGREE							221 DATE SIGNED					
= /		hually lives and Attending Physician							MEDICAL STAFF □ DIRECTOR □ PHYSICIAN 🖾 7/10/85					
AA		274 PHYSICIAN (NAME (1996 OR PRINT) 226 ADDRESS												
IMPORTANT		Robert A	. Pal	ermo, M	.D.		6701	N. Char	les S	t. Bal	to.,	MD	21204	
_		BURIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY C	R CREMATORY	234 LOC	ATION		COUNTY	STATE	
	_	Burial		7/12/	85 P	arkwo	ood C	emetery		rkville		altin	nore M	
11.00	24. F	UNERAL DIRECTOR				1 1		25a. DATE	REC'D. BY	REGISTRAR 25	B REGIST	RAR'S SIG	NATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Bryan W. Clary, 10 W. Padonia Rd., 21093

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constant of the constant of th

Edward L. Mary, No. . sedana 200, 21093 of the sedan

injury, or other troumotic event,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

3	REG. N	10.	8	7	8	
TE O	FDEATH	MONTH	DAY	YEAR	2b. HC	UR

	1-	FOR STATE				H AND MENTAL HYGI	IENE		52 0	8 2
		REGISTRAR			EKTIFICAT	EUFDEATH		EG. NO.	0 /	0 4-
1		CEASED NAME FIRST	1	MIDDLE K	WAL	-SH	20 DATE OF DE	D7-	15-85°	26. HOUR 01:25AM
ı	3. SEX	-	4. RACE	5.	DATE OF BIRT	TH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	1	1- emale	Whit		08-	08-30.	54	YRS		HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN OUNTRY) anyland	76. CITIZEN OF			NEVER MARRIED		city <u>or</u> coun imore		
4		Y OR TOWN OF DEATH		W NOSPITAL NURSING H	IDOWED .	DIVORCED	12a USUAL OCC			OF BUSINESS OR
1		ndallstown	(IF NOT IN SUC	H.FACILITY, GIVE STREET ADDR	ESS)	eneral		MOST OF WORKING		
1	13a S		OUNTY	GIVE RESIDENCE BEFORE ADM 134 CITY OR TOWN Reisters	tounes	□ NO □##			DE Manor	136 Rd.
	7 -	THER'S NAME FIRST EORGE	MIDDLE	Woytowit	F	Eva FIRST		IDDLE	Kie:	ST
/	Iáa W	'AS DECEASED EVER IN U.S		166 SOCIAL SECURITY		IFORMANT	1 9 00	ADDRESS		
	(4)	ES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	219-28-0	109 M	aynard Wa	ilsh 6	07 Reis	terstoi	nor rd.
		Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying couse lost	DUE TO, OI	R AS A CONSEQUENC		THE BI NIDESPR	BAD A	18745	57,4575	
	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEA	th but not	RELATED TO THE TERMI	INAL DISEASE O	R CONDITION G	GIVEN IN PART 1	0
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPE	ERATION WA	S PERFORMED	YES NO	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DAY		HOW INJURY OCCURR	ED (ENTERNATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF WORK	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FARM		LOCATION	(1	TY OR TOWN	COUNTY	STATE
		22a. I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (die	on_07//	19 8.1	C, and the	in (my) (our) opinion d	eoth occurred or	n the date and h	out and from the	that (I) (we) lost e couses stated
,		22b. SIGNATURE	linka.	Lr. Sur	DEGRI	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7 DATE	SIGNED
		KAUSHAL	ENDR.	AK. GN	GH 220	ADDRESS BAL	TIMOR	E (00	HOSDI	SIE NEMEN
	23a B	URIAL, CREMATION, REMO				ERY OR CREMATORY	23d. LOCATIO			
	{ 5	SPECIFY Burial	7-18	-1985 Gar	den o	1. Faith		imono	COUNTY	STATE

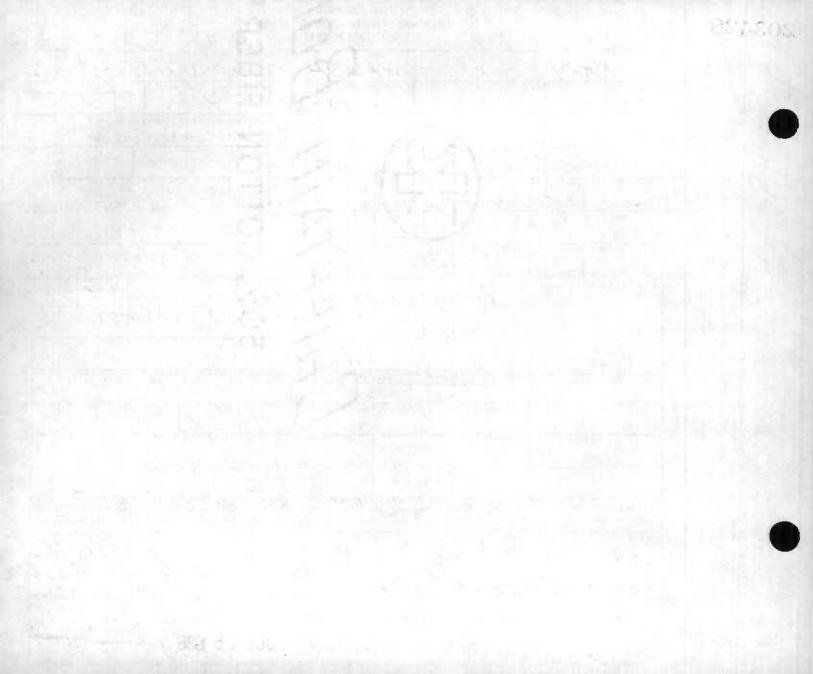
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

-10-1980 garden of taith Eline Funeral Home 11824 Reisterstown Rd.

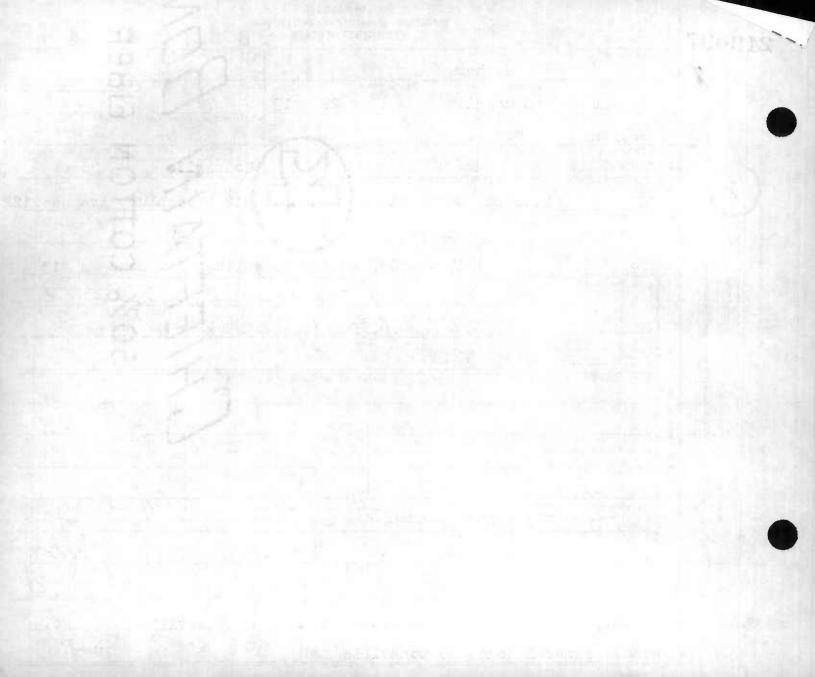
Baltimore BY REGISTRAP 256 REGISTRAR'S SIGNATURE MARKET



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1930187 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO. L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-ELAY IS NECESSARY, PLEASE OF THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. BEFILED, WITHIN 72 HOURS 6, 201 W, PRESTON STREET. 1985 DEATH MATED & Albert BLAIN 4 RACE 5. DATE OF BIRTH . SEX & AGE (IN YEARS IF UNDER 1 YR DATE d HOUR LAST SHOAY) PRONOUNCED 5:50 191 Male White 1985 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Lewistown, Pa. USA DIVORCED Baltimore County B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Construction Carpenter Middle River 21220 9902-E Tailspin Lane 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Tailspin Lane BALTIMORE, MD, 21201 30 STATE Middle River Baltimore Maryland I4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Cora Mattern Walter James Téa. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS LIFEYES GIVE WAR OR DATEST Same 174 18 0296 Dorothy R. Walter. Wife No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head (rifle) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a, DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY 210 EXTERNAL CAUSE WAS 7Th. TIME OF INJURY 2 Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR ? P.M. 7-11-10 85 Self-inflicted. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME. 21f LOCATION STREET, FACTORY, FARM FTC 1 AT WORK NOT WHILE 9902-E Tailspin Lane Balto. home MD AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PI AFTER DEATH, WITH THE STABALIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an and in my apinian Suicide X death resulted fram: Natural causes Accident Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7-13-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL THE DATE 23. NAME OF CEMETERY OR CREMATORY Holly Hill Memorial Gardens Baltimore Col., Md. STATE "Burial 07/84 25M 250. DATE REC'D. BY REGISTRAN BEGISTRAN'S SIGNATUSE 1 **DHMH - 17** Tope FA 1407 Old Eastern Ave Brozdzinski Funeral (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 50 WAMPLER JULY 12 6-AM 6 AGE IN YEARS LAST BIRTHDAY 5 DATE OF BIRTH IF UNDER 1 YEAR YEAR & CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [(I PPE OF WORK FOR MOST OF WORKING LIFE) ST. JOSEPH SECRETARY - RETIRED U.S. GOUT. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE COCKEYSVILLE HILL GREEN IS MOTHER'S MAIDEN NAME FIRST GENTNER 17 INFORMANT 166 SOCIAL SECURITY NO FAMILY CONSEQUENCE OF MONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR PM 19 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 85 and that in (194) (aur) apinian death accurred on the date and hour and from the causes stated body after death. GREE 22c DATE SIGI ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN X PHYSICIAN 23d LOCATION CITY OR TOWN JULY MOUNT BALTIMORE CITY 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE. na Daydon- Tindes

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24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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20.	DATE	OF DEATH	MONTH

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20b. IF YES, WERE FINDINGS USED

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7-16-985

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2h HOUR

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IF UNDER 24 HRS

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quare Dr. 21237 OCATION CITY OR TOWN

BEL AIR MEMORIAL GARDENS

19JULY85 24 FUNERAL DIRECTOR MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BEL AIR, HARFORD CO., MARYALND

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

BURIAL

STATE OF MARYLAND 207167 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 20 DATE OF DEATH 2b. HOUR I. DECERSED NAME E OR PRINTI mma AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4 RACE IF UNDER 24 HRS 1 SEX Oct. 9, 1908 YEAR Female White 76 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 20. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retail OWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION SIVERE IDENCE SEFORE ADMISSION Balto. 13e STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? 61 Burkleigh Road 21204 Maryland Towson YES [NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Gillingham Fell McKinstry Abner Garrett Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 169-12-0765 Mrs. M.A. Nichols 3 Lynfair Ct. 21234 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: the uterus 20 month IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH nto (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STATE CITY OF TOWN COUNTY STREET (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1)(this haspital) attended the deceased fram sow the deceased alive on_ 19.85 and that in (my) (aur) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING MPORTANT: 22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) should be with the 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7/22/85 BP Cremation Baltimore City Greenmount Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 4 4 1985 - na surdson fandelle ADDRESS

Mitchell-Wiedefeld Home 6500 York Road 21212

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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TQ FUNERAL DIRECTOR A should be detached for use with the Store Dept. of Heal IMPORTANT, if hem 21 is m		22a.1 certify that (I) sow the decease above, (I) (2010) 22b. SIGNATURE 22d. PHYSICIAN'S NA	d alive on divided (did not) vi	ew the body o	19		DEGREE ATTI PHY	ur) opinion d	MEDICA	red on the c	date and hou		9	
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inski Funeral Home PA 1407 Old Eastern Ave

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DHMH - 16 60M 7/84 (VRA 15, 4)

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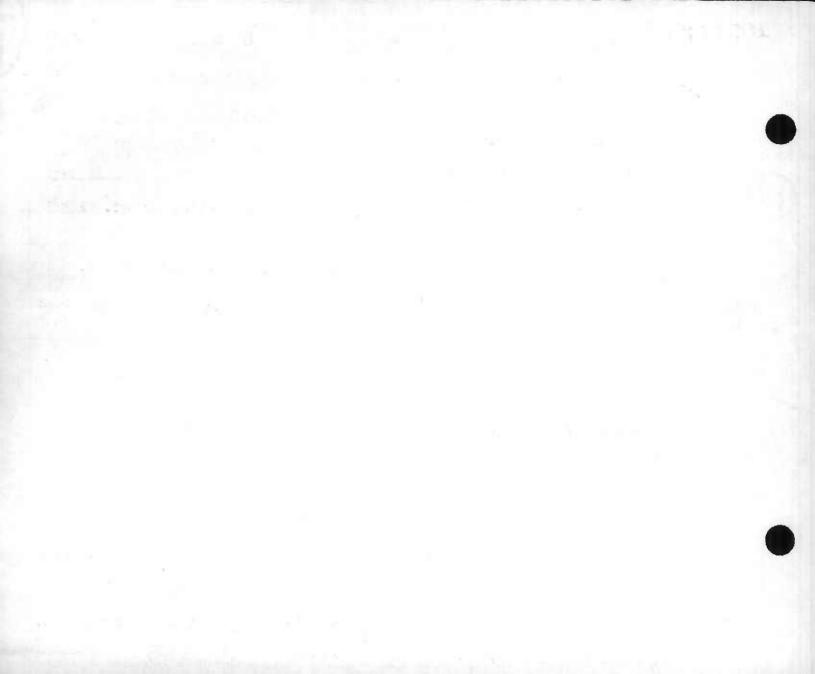
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 189038 REG. NO. REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Victoria Warr DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX 4. RACE . DATE OF BIRTH 2c. DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCE Nov. 8, 1926 DEAD White 58 Female 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore County U.S.A. WIDOWED T DIVORCED . Maryland 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baldwin 13819 Ansari Lane (Residence Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Baldwin 13819 Ansari Lane 21013 Maryland YES NO TO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Charles Silvestri Josephine Cottone ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 21214 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-2586 No Robert P. Warr Jr. 3204 Parkside Drive APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause of the for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: dden IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS. 19s. DATE OF OPERATION 19k: CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSYT YES [] TIE EXTERNAL CAUSE WAS TIB. TIME OF INJURY THE HOW INJURY OCCURRED LEWISE NATURE OF INJURY AN ITEM IS PART 1 OF PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY SATHOME. 71f LOCATION THE INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY DIFTOWN COUNTY WHILE AT WORK ZIs. I certify that I took charge of the remains described above, held an Homicide EXAMINER'S NAME TYPE OR PRINT! 23d. LOCATION 23a BURTAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery Entombment Jul 13 1985 Baltimore Maryland 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** wie werdon-Anglette (VR A15 ME (5)) Leonard J. Ruck, Inc. Baltimore, Maryland 15M 7/76

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189117	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI	B 5 REG. NO	. 1 8	9 9	Ü
		CEASED NAME OR PRINT)	FIRST	A	AIDDLE	l.	AST		20. DATE OF DEATH	MONTH DAY	YEAR 2	2b. HOUR
moy be			rvi:	lle	F.	War	ren		July 2	,1985		7:50A,
moy be	3. SE	(4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDE		HOURS MIN.
4 00		MALE		White		8	16	28	56	YRS.		, and the second
o Pop O		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	S NEVER MA	APPIED [9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
deoth. Poge uneral direct min 72 hours		Maryland		U.S	.A.	WIDOWE		ORCED	Balti	more Cou	nty	ME
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and by the series		PART I. DEATH WA		TE CAUSE (0)	ca	rci	non	1	my		(0.	210
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201 W ned by please vrial, cr		underlying couse	lost.	((c)								
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. frer this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or fem 18 shows ony injury	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	206. IF YES, WERE		
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R ATTEND hospital or RECTOR: A spt. of Hea		sow the decease obove, (I) (we) the	d olive or	ot) view the body	after death.	\$1.00	nd that in (my) (opinion o	death occurred on the de	ote and hour ond f	rom the co	ouses stoted
8 4 8 9 9 p		226 SIGNATURE	0/	N	0		DEGREE **	75.10.010			C. DATE S	IGNED
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T 6 E 4 3 3		BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CE		23d. LOCATION CITY OF TOWN	COUN	NTY	STATE
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DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	110		ADDRESS	2	1229	25a. DATI	E REC'D. BY REGISTRAR		SIGNATU	
(VRA 15, 4)		Hubbard Fu	neral	Home, I	nc. 4107	Wilke	ens Aven	us	JUL 03	1965	T. F. O. I.	STATE OF



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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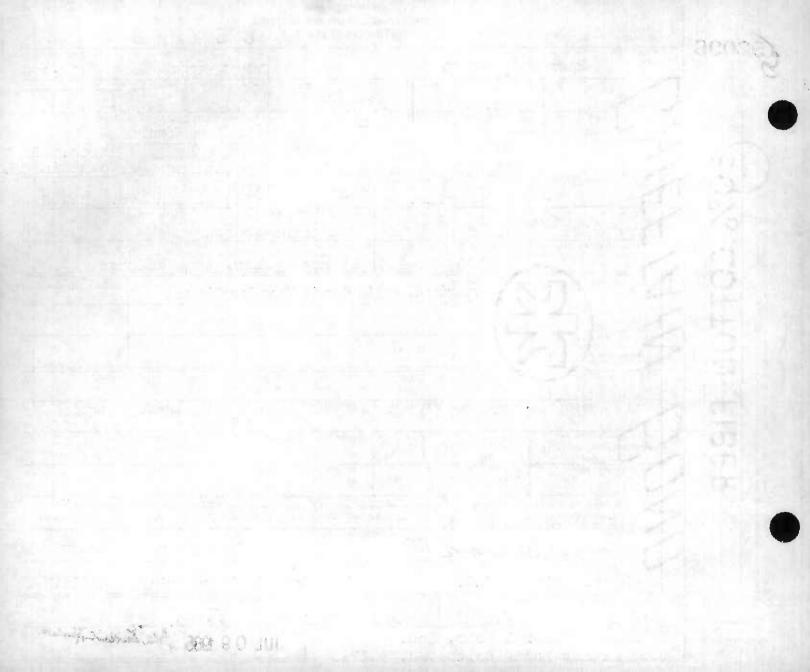
	REGISTRAR		CENTIF	ICAIE OF DEATH	REG. NO.		
	CEASED NAME FIRST	er S. Wang	-	AST	2a DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
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	ITY OR TOWN OF DEATH		WIDOWE PITAL, NURSING HOME O		12a USUAL OCCUPATION	re (ounty	OF BUSINESS O
10. C1	Essex	329 Sti	Water Road		Steward-Rex	vorking life) INDUSTRY	enville
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	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166	12-10-5970	17 INFORMANT		Harris Av	e. 34
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		foctoly on on one	lat Paral) Come		XMATE INTERVAL NONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	ragario	The ferre	Car		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	A CONSEQUENCE OF				
N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDI	TION GIVEN IN PART I	10
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [7]	
2							S OF DEATH?
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	OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.l certify that (1) (this hosp sow the deceased alive or	ATH HOUR A.M. P.M. 21e. PLACE OF In (AT HOME STREET, F	MONTH DAY YEAR 19 NJURY ACTORY, OFFICE FARM, ETC.) CEOSED FOR THE PROPERTY OF THE PROPERTY	21f. LOCATION STREET 19 nd that in (my) (each ppinion) DEGREE ATTENDING PHYSICIAN	CITY OR TOWN	COUNTY cond hour and from th	NO STATE
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John (. Miller Inc-6415 Belair Rd. -21206

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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6074	1.	FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	8 5 REG. NO		9 9	3
6 t		CEASED NAME FIRST Marie	e L. WEI		AST	July 19,	1985		26. HOUR 8:03 P _M
od er de	3 SEX		4. RACE	5. DATE C		6. AGE JIN YEARS LAST BIRTE		UNDER I YEAR	IF UNDER 24 HRS
director, page 3 nours after death	1	Female	Cauc.	11	5 1905	79	YRS.	NTHS DAYS	HOURS MIN.
72 hou	7a. BI	RTHPLACE STATE OR FOREIGN. OUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Baltimore			440
led within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N		BUSINESS OR
3 3 6		Baltimore	Franklin So OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		Hosp.	Unknown			
illed beutld b	13a. S	TATE 130 CO	UNTY 136. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO -	130 STREET ADDRESS	lnord	Ave.	21224
completely and 2 st) FA	THER'S NAME FIRST Unknown	MIDDLE LAST Welzan	t	15. MOTHER'S MAIDEN NA FIRST Frances	WIDDLE		LAST Li	eski
7 49 0		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		17. INFORMANT	ADDRES	SS		011.
on on rs. Page	()	NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES) 214-20-	6157	Charlotte	Baker 282	2 E.	Baltin	nore S
d by the attending physici lease remove carbon paper icil, cremotion, or removal. or other traumatic event,		Canditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) Probable DUE TO, OR AS A CONSEQUE (c)	JENCE OF PU IM					
n signe Then p r ta bur injury.	NOI	PART 2 OTHER SIGNIFICAN	t conditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN	IN PART 10	
hos beer t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX		VERE FINDIN NG CAUSES (
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er this co the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN.	COUNTY	STATE
CTOR: Aft Storuse of of Health		220.1 certify that (x) (this has saw the deceased alive above, (x) (we) (did) (a)	on 101 the body after death.	85 •	nd that in 🍂 (our) opinian	death occurred an the da	19 te and hour o	ind from the c	
by the har ERAL DIREC e detached State Dept. ANT: If Hem		226. SIGNATURA	Kayalu En	RC		MEDICAL STAF	F IAN X	7/19/	
ould be d th the Sto		Omar Kayal	Section 1997		9000 Frankl	in Square Dr	., 212	237	

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Dabrowski

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

E. Baltimore St

23d. LOCATION CITY OR TOWN

STATE Md.

Baltimore

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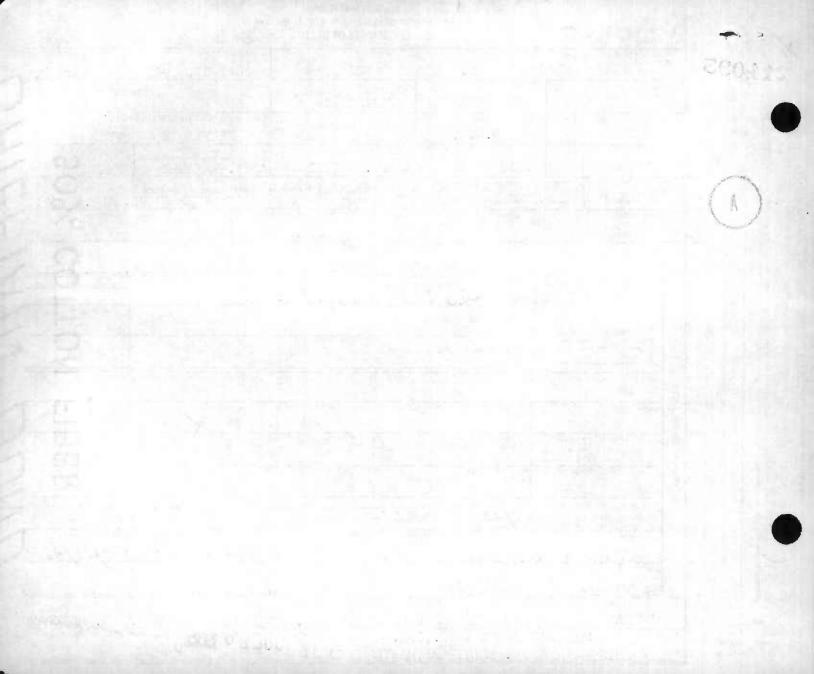
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		500				OF MARYLAND					
	1-	FOR STATE REGISTRAR		DEPART		CATE OF DEATH	23 11	EG. NO.	1 8	9	9 4
95	1 DEC	EASED NAME FIR	ST ST	MIDDLE	· ·	ST	2a. DATE OF DE.		H DAY	YEAR	2h HOUR
)5	(TYPE	OR PRINT)	EORGE	Μ.		WEINER	JULY	23. 19	985		5:45P.M
	3. SE>		4 RACE	2-9-1/51	S. DATE O		6 AGE (IN YEARS) IF (UNDER I YEAR	IF UNDER 24 HRS
2	-	MALE	CAUC	CASIAN	Feb	. 26,1949	36		YRS MON	NIHS DAYS	HOURS MIN.
16		OUNTRY)		76. CITIZEN OF WHAT COUNTRY?					UNTYO	F DEATH	
4		MARYLAND		J.S.A.	WIDOWE	DIVORCED		TIMORE	COU		MD.
0	E	SALTIMORE	7915	CRISFORD	PL, APT	rother institution 7. F (21208)	120 USUAL OCC (TYPE OF WORK FOR ASSTMA	MOST OF WORK		126 KIND O INDUSTRY PHARM	F BUSINESS OR
6	USUA 130. S N	L RESIDENCE (IF NURSING HI TATE IARY LAND	COUNTY BALTIMORI	ON GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALT	IMORE	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADD 7915 CI	RESS / ZIP	CODE PI	APT	. F (21208
3	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	DDLE		LAS!	
0 1	lán V	DAVID AS DECEASED EVER IN U	S. ARMED FORCES	WEINE	RITY NO	12 INFORMANI LYN		ADDRESS		KRAMER	<u> </u>
1	13		YES, GIVE WAR OR DATES						ות חו	A Day	E (01000)
1		18 CAUSE OF DEATH (Er	ster only one course			DAVID WEINE	K /915 CI	LISFUR	D PL		F(21208) MATE INTERVAL DISET AND DEATH
mlory, or orner re	NOI	Conditions, if any, whi gove rise to immedia couse (a), stating t underlying couse la	te he DUE TO,	OR AS A CONSEQU		NOT RELATED TO THE TERM	ainal disease of	CONDITIO)N GIVEN	IN PART 110	,
1	CERTIFICATION	198. DATE OF OPERATION	19b. CON	IDITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO			WERE FINDIN NG CAUSES	
1		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITI	EM 18 PART	I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	CE OF INJURY STREET, FACTORY, OFFICE,		211 LOCATION STREET	Ch	Y OR TOWN		COUNTY	STATE
MPORTANT: If them 21 is mo.		220.1 certify that (1) (this sow the deceased of above, (1) (we) (did) (22b. SIGNATURE 22d PHYSICIAN'S NAME STEN FEW	did not view the bo	23 19	-	d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN X 27e ADDRESS	deoth accurred or	STAFF			
	23a B	URIAL, CREMATION, REM			NAME OF C	METERY OR CREMATORY	23d. LOCATIO			COUNTY	STATE
		BURIAL		5/85	OHEB S	HALOM MEM. PA	ARK REIST	ERSTO	WN BA	ALTO,	MARXMAND
7/B4		INERAL DIRECTOR SOL				25a. DA	TE REC.D. BY BE	85 25b. B	REFRAN	H SIGNAT	UNE
	6	010 REISTERS	TOWN RD.	BALTIMORE	, MARYL	AND 21215		U			



STATE OF MARYLAND

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	CEI	RTIF	ICA	TE	OF	DEATH	

	1					STATI	OF MARYLAND					
204130	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
W Chi		REGISTRAR				CENTIF	ICATE OF DEATH	Ö 2 G. NO		0 7	7 3	
6		CEASED NAME	FIRST		MIDDIE	ſ	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
X 58 1	-		SHIRLE	Υ	S		WEINSTEIN	JULY 1	0. 198	-	1 P M	
8 80 10	1.5E	K		RACE		5. DATE C	F BIRTH	6. AGE IN YEARS LAST BIR	HDAY) IF L	INDER I YEAR	IF UNDER 24 HRS	
7 20		FEMALE		C	AUCASIAN	MONTH	CH 9.1921	(1		THS DAYS	HOURS MIN.	
9 9 9 9	7a. B	RTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS.	DEATH		
£ 12 B5		(OUNTRY)				MARRIE	NEVER MARRIED					
4 54 5	10. C	MARYLAN TY OR TOWN OF DEA			U.S.A.	WIDOWE	D DIVORCED DIVORCED DIVORCED	BAI.T	MORE_CO		F BUSINESS OF	
\$ 43 BV	100	IT OK TOWITO DE			HIFACILITY, GIVE STREET		N OTTER HASTITOTION	TYPE OF WORK FOR MOST O			F BUSINESS OR	
2 23	1	BALTIMORE					R. 21208	HOUSEWIF	E	AT	HOME	
1 2 00		AL RESIDENCE (IF NURS	136 COUNTY		130 CITY OR TOM		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
2 P.O		MARYLAND	BALT	IMORE	BALTIN		YES NO XX	1314 CHUR	CH HIL	L DR.	21208	
t mid in a	14 F/	THER'S NAME	ALIF.	DLE	LAST	9.00	15 MOTHER'S MAIDEN NA	ME		145		
1 時 10 15 0	1	BENJA		, ott	STEGEL		FIRST GUSS I			DENIA	BURG	
		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDRE	SS	DENE	DUKU	
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the contract of				DUE TO, O	R AS A CONSEQU	ENCE OF						
the state of		Conditions, if any		(b)								
2 2115		cause (a), statir	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF						
though the season of the seaso		underlying cause	last.	(c)_								
a de la company	12	PART 2 OTHER SIGI	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11		
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2 31 6 70	CATION	90 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W			
1 4 1 8 2 1 7	E .	100						YES NOT	IN CERTIFYIN		NO T	
59 4194	GE	210 ACCIDENT WAS UNI	DERLYING	216. TIME O	FINJURY		21c. HOW INJURY OCCUR				,,,,	
全有 五五百 四 一	1 3	OR CONTRIBUTING			M. MONTH D							
X 9 555 # /	l š	116 INJURY OCCUR		P.		19	711 LOCATION					
五星 至身里 克	MEDIC				REET, FACTORY OFFICE I	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
N T T T T T T T T T T T T T T T T T T T		AHAI NOT WE AT WO		1								
20 239 5		220.1 certify that (1)		ottended th	e deceased fram_	8/	. 19	, to			that (1) (we) last	
5 5 5 5 5		saw the deceas abave, (1) (we) (ed alive an did) (did not) v	new the body	after death.	JU , ar	d that in (my) (aur) apinion	death accurred an the do	ite and have ar	nd fram the	causes stated	
		226 SIGNATURE		I .			DEGREE			77c DAJE	SIGNED	

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

600 RE) (TEN 170W N RO 23d. LOCATION

COUNTY

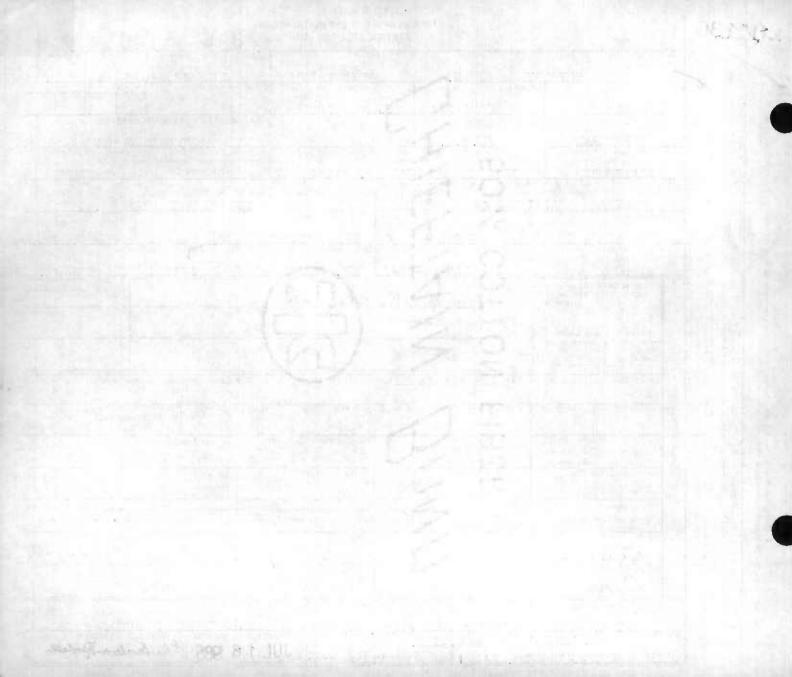
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230. BURIAL, CREMATION, REMOVAL 236. DATE

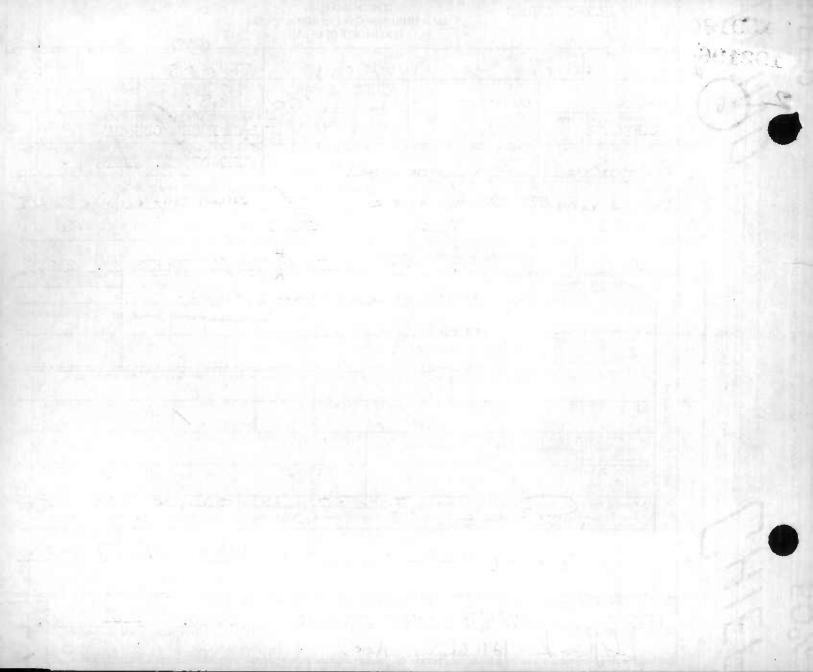
STATE

BURIAL 7/12/85 F

6010 REISTERSTOWN RD. BALTDIMORE MARYLAND



		HARRY VO			E OF MARYLAND					
159130	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH GEO. NO.								
1	1 DE	CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	NQ.	DAY YES	126.4HOUR	
1		ORPRINT) Harr		V	orel	7-6-8	5	1 3	935 M	
	3. SE	× .	4. RACE	5. DATE		6. AGE IN YEARS LAST	SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
- (16)	- V	nale	white	MONT	h a party.	0 85	YRS.		HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTS USA	MARRIE WIDOW	D C		BALTIMORE COUNTY BALTIMORE COUNTY			
by the fu	Ba	The same of the sa	11. NAME OF HOSPITAL, NUR (IE NOT IN SUCH FACILITY, GIVE STR	DEET ADDRESS)	OR OTHER INSTITUTION	WARD*** OF			OF BUSINESS OR	
n 24 hou filled in hould be	130 S	ANIANI BALT	· · ·		13d. INSIDE CITY LIMITS	2449	S/ZIPCOI	(21212	
ompletely	14. FA	JOSEPH	MIDDLE	L	is, mother's maiden AGNI			LAS	VLK	
e execut n and co Pages 1					17 INFORMANT	H	RESS			
te be exe icion ond sers. Poge 11.		NO	220546	0032T	ELSIE SO	CMIDT 621	JUTHE		21225	
quires that the death a signed by the attendir hen please remove cort o buriol, cremotion, or jury, or ather traumoti	Z	Conditions, if ony, which gove rise to immediate couse (o.). Stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF	NOT RELATED TO THE	TERMINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	0	
on. hos been permit. If ene prior t	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIR	NGS USED S OF DEATH?	
SECIAN: TI ng physica certificate uriol-transit tental Hygia		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF II				
offendin free this fos the bur is and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC)	211. LOCATION STREET	CITY OF	IOWN	COUNTY	STATE	
ATTENDII ispital or CTOR: A Mor use of Health		sow the deceased alive of obove, (I) we (did) (did n	pital oftended the deceased from Sulfa (no. 19	(.	nd that in (my) (our) opin	nion death occurred on the	dote and ha		that (1) (we) ast couses stated	
OR DIRE		22b. SIGNATURE	10	~	DEGREE ATTENDIN	IG MEDICAL S'	AFF /	22c. DATE	SIGNED	
O HOSPITAL TO FUNERAL should be deta		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIA 22e ADDRESS		SICIAN 📝	- Laurente	6-07	
		SURIAL, CREMATION, REMOVA	1 1-		EMETERY OR CREMATO	CITY OR TOWN		COUNTY	STATE	
BP		SPECIFY BURTAL JNERAL DIRECTORY (7/9/85	HOLY :	REDEEMER	BALTO	Dian pro-	TDANG CKCNIAT	MD.	
DHMH - 16 50M 4/83 (VRA 15, 4)	14 11	THE DICTOR !	1211 (Laster	s A	230.	DATE REC'D. BY REGISTRA	0	STRAR'S SIGNAT		



BALTIMORE, MARYLAND 2120

PRESTON ST.

DIVISION OF VITAL RECORDS.

1 - STATE

STATE OF MARYLAND

EN I	Ur	HEAL	ш,	ANU	WILLI	AL	HIGIENE	
CE	RTI	FICA	TE	OF	DEAT	H		8

3 SREG. N	10.	8	9	9	1
ATE OF DEATH	MONTH 07	31	1 85	2b. но	

REGISTRAR 6 DREG. NO. 1 0 7	7 /
I. DEGEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR	2b. HOUR ∳
RAY HOUSTON WELDON 07 31 '85	12:35P M
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LY	
MALE WHITE Apr. 5. 1885x 90 YRS. WONIES DAY	S HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH	
Kansas USA MARRIED NEVER MARRIED WIDOWED DIVORCED BALTIMORE COUNTY,	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF THER INSTITUTION 120 USUAL OCCUPATION 12b. KIND	OF BUSINESS OR
TOWSON GREATER BALTIMORE MEDICAL CENTER Manger Rote	Rooter
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 CITY OR TOWN 131 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE	21 5 45 1
MD. BALTO Ruxton YES NO D 1214 Robin Hood Civ	cle 2120/
14. FATHER'S NAME	
valandingham Weldon Mollie Pe ù gh Mollie	LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
ves NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 510 18 1432 familty records	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	OXIMATE INTERVAL
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). RUPTURED ABDOMINAL AORTIC	MEATS!
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which (b) ANEURYSM	
gove rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF	
underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	lio
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FIN	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART :	SES OF DEATH?
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART L OR PART :	
LOS COLUMNIANO DE CAUST OF DE	
71d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION	
WHILE NOT WHILE	STATE
220.1 certify that (I) (this hospital) ottended the deceased from 7/28, 19_85, to 7/31, 19_85, saw the deceased alive an 7/31, 19_85, and that in (my) (our) opinion death occurred an the date and have and from the date on the date of the date on the date of the date on the date of	_, that (I) (we) last
0F1/20	
saw the deceased alive an	
above, (i) (we) (did not) view the body offer death	JE SIGNED
226. DA ATTENDING MEDICAL STAFF T	TE SIGNED
27b SIGNATURE DEGREE 27c. DA	/ /

BP

FUNERAL DIRECTOR:

should be detached fo

MPORTANT: IF

burial

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b DATE 8/6/85 231 NAME OF CEMETERY OR CREMATORY Ionia Cemetery

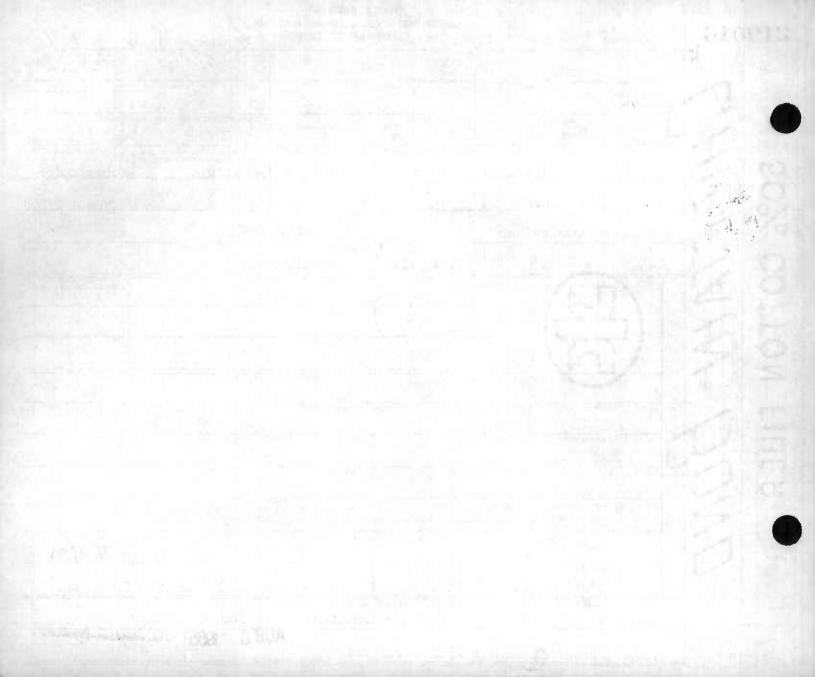
23d LOCATION

Ionia, Kansas COUNTY

250 CALIGO BY RE 1985 250 REGISTOADISTICAL

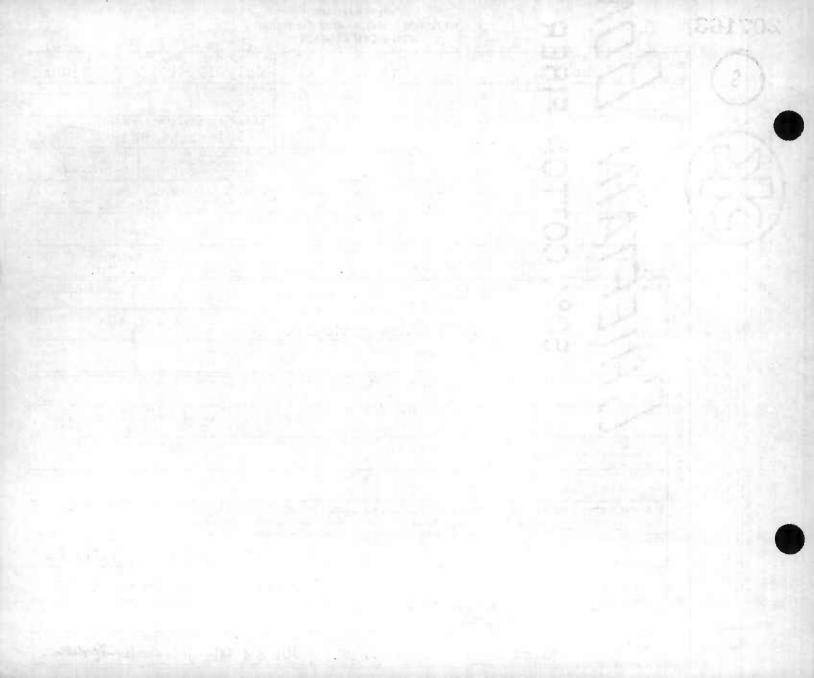
STATE

24 FUNERAL DIRECTOR Evans Chapel of Chimes 2325 York Road



DHMH - 16 60M 7/B4 (VRA 15, 4)

7163	1	FOR STATE		DEPARTN		OF MARYLA		ENE			
etha.		REGISTRAR				ICATE OF D	EATH	8 FEG. NO	2	8 9	98
1		CEASED NAME FIRST OR PRINT) Bess		MIDDLE	Wik	AST .	3.2.	20 DATE OF DEATH		AY YEAR	26 HOUR
6)	3 SEX		14 RACE	1000	5. DATE C			July 19,		F UNDER I YEAR	8:00a M
	3 SE				MONTH	DAY	YEAR			ONTHS DAYS	HOURS MIN.
onis	70 DI	Female RTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	9	30	93	91 9 BALTIMORE CITY O	YRS	DEDEATH	
Cot of		OUNTRY)	U.	s.	WIDOWE		ORCED [Baltimor			MD.
1		ilto. County	AF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET A L'In Squar	ADDRESS)		ITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Nurse		INDUSTRY	of BUSINESS OR vate
36	USU	AL RESIDENCE (IF NURS NE HOME) TATE 130 COL	R OTHER INSTITUTION		ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS /	ZIP CODE Bela:		21206
Selection of the select	14 FA	THER'S NAME FIRST	WIDDLE	LAST			MAIDEN NAM	, , , ,		LAS	
medical	10	VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, O	RMED FORCES?	216-32-8		17. INFORMAL		ADDRE th Rodney	20.	10 Ari:	zona Ave.
mit. Then please remave co prior to burial, cremation, a any injury, or other trauma	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH	NCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONI	20b. IF YES,	WERE FINDIN	NGS USED
ene ene	TIFIC							YES TO NOTA	IN CERTIFY YES	ING CAUSES	OF DEATH?
Mental Hygi or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	LAIN	M. MONTH DA	Y YEAR	21c. HOW IN.		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
arkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE, FA		STREET		CITY OR TO	VN	COUNTY	STATE
r. af Heal m 23 is m		22a 1 certify that (**) (this has sow the deceased alive a above, 4th (we) (did) (did)	n JULY	19 19 8	5 , or		, 19 <u>85</u> (our) opinion d	, to JULY I	te and hour	and from the	
State Dep		226. SIGNATURE 226. PHYSICIAN'S NAME 1998	OR PRINT)		M	DEGREE A		MEDICAL STAF	FIAN	7/2 DATE	SIGNED 19/85
with the State		Carlos Page	, M.D.			9000	Frank	lin Squar	e Dri	ve, 2	1237
	23a B	URIAL, CREMATION, REMOVA SPECIFY) Remova1	236. DATE 7	19/83 TJEN	AME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
6 60M 7/B4	24 FU	NERAL DIRECTOR Anatomy	Board	ADDRESS	Balto	БМ		PRECID. BY REGISTRAR		AR'S SIGNAT	



Richard Rapp, Inc.

Street, NW, Washington, DC 20009

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Cemetery

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

21237

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

Maryland

2 Saindren Pandal

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

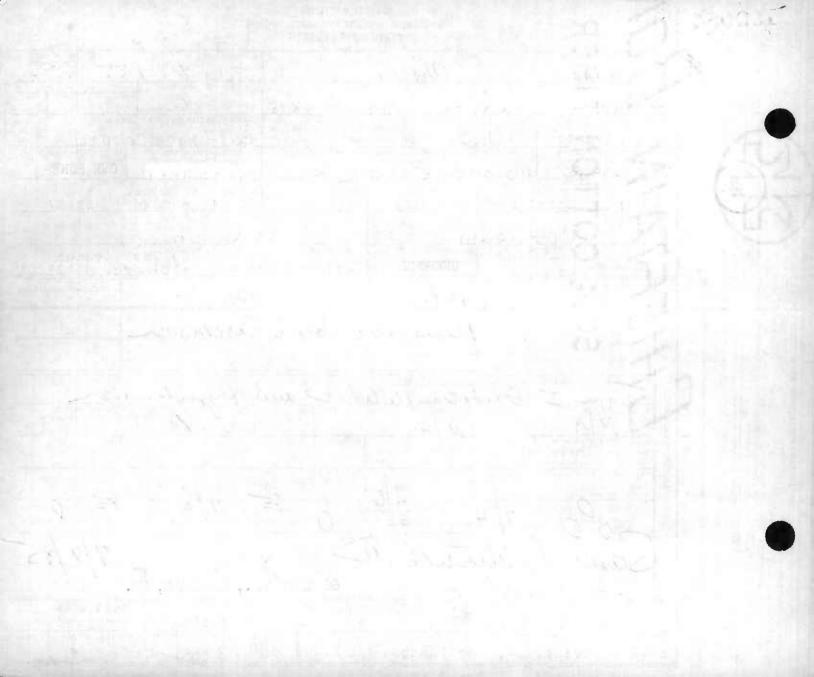
OWN HOME

DHMH - 16 60M 7/84 (VRA 15, 4)

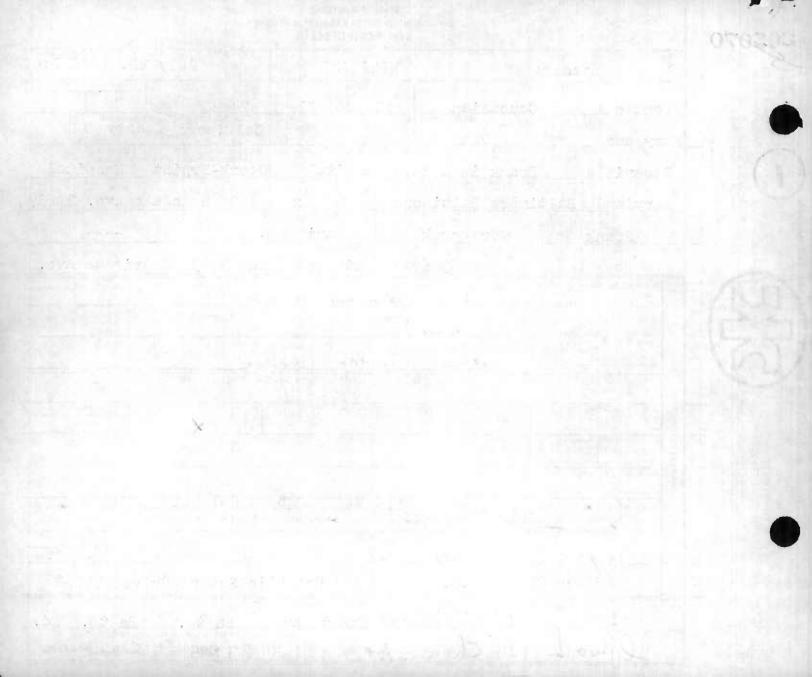
Burial

199054

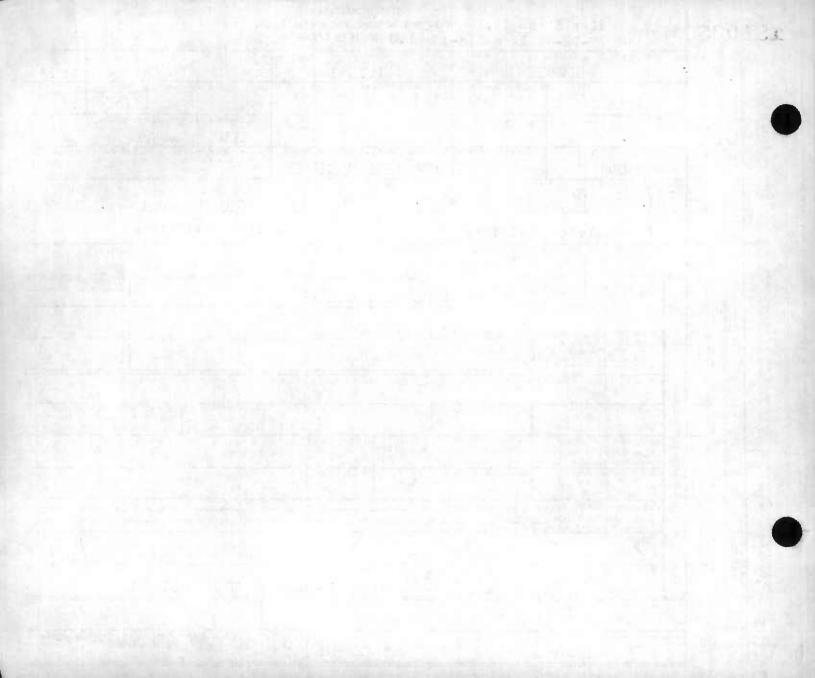
REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) July 22, 1985 7:40AM WILINSKI Kazmera 4 RACE I SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 26 02 Female. Caucasian Baltimore City or County of DEATH Baltimore County 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerk-Typist Rossville Franklin Square Hospital Hospital 13e.STREET ADDRESS / ZIP CODE 1025 Rosedale Ave. 21237 Baltimore Baltimore Maryland NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Mari Gregorek WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) Kathleen Sobus 30431/2 Arizona Ave. 216306093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: udes silmoney DUE TO, OR AS A CONSEQUENCE OF hote Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG In DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21L LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC) WORK NOT WHILE June 25 220.1 certify that (this haspital) attended the deceased fram saw the deceased olive on July 22 19 85 _, and that in the (aur) opinion death occurred an the date and have and from the causes stated obave, * (we) (did) (did wit) view the body ofter death 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Geoffrey Sloan, M.D. 9000 Franklin Square Drive, 21237 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPEC Burial CITY OR TOWN Sacred Heart Mary Md. Balto 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



				STATE OF MARYLAND		
025	1.	FOR also it	ems 14,15 DEPART	MENT OF HEALTH AND MENTAL HY	SIENE	
AS Part S		REGISTRAR 7-22-8	35 Item 13a-13e	EERIFICATE OF DEATH	8 5 REG. NO.	19001
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
deoth	,	MICHA	₹EL	WILLIAMS	0!	5 29 '85 1:22
P	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	
0		MALE		MONTH DAY YEAR	Section 1 1 15	YRS MONTHS DATS HOURS
100	70 B	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 05 29 185	9 BALTIMORE CITY OR C	1110
8 34		Md.		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CO	OUNTY.
2		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINES
136		TOWSON /	GREATER BALTIMO	RE MEDICAL CENTER	(TYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUSTRY
2 20	USU 13a. :	AL RESIDENCE (IF NURS	INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE
120		Md.	Balto	YES MO	1630 Shery	wood Ave. 21239
	14 E/	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		lione LAST
000	1	Calvin	Williams	Sa	cilya MDWill	liams
100		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS	
2 1	t .	725, NO OR DIAKNOWING	A A A CRUATES			
4 4		18 CAUSE OF DEATH (Enter of	nly one cause per line far (o), (b), ar	nd (c		APPROXIMATE INTERV BETWEEN ONSET AND D
odu and and and and and and and and and and		PART I. DEATH WAS CAUSI	TE CAUSE (a) CARDIOPUL	LMONARY FAILURE		
or re		WINEDIA	THE RESERVE OF THE RESERVE OF	IENCE OF		
ion,	100	Conditions, if any, which	DUE TO, OR AS A CONSEQUE SEVERE PI	ŔĔMĂTURITY		
motion art re	100	gove rise to immediate cause (a), stating the	DUE TO OD AS A CONSEQUE	IENCE OF		
l, cre		underlying cause last.	DUE TO, OR AS A CONSEOU			
U. 0.		PART 2. OTHER SIGNIFICANT	- Maria Indiana	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a
to be	NO NO					
prior any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED
0 5	E	BE - 177 - 31			YES NOT	YES NO NO
em 18 show	W W	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
Hem I		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
P. Wer	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
ked	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE.	FARM ETC) STREET	CITY OR TOWN	COUNTY STA
mom			ital) attended the deceased from	5/29 19 85	tg 5/29	19.85 that (I) (w
of He			ital) attended the deceased fram	25		and have and from the causes stat
pt. em		27h SIGNATURE	at view the body ofter death.	DEGREE		22c. DATE SIGNED
E De		nama of	· Hunam	/ MO ATTENDING PHYSICIAN [MEDICAL STAFF	_ _ / _ /
with the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN [DIRECTOR PHYSICIAN	3/27
ORT		NORMA V. GL	INCON M D	GRMC - 6701	N. CHARLES S	TDEET
IMP I	220	BURIAL, CREMATION, REMOVAL			23d LOCATION	TINELI
	730.	SPECIFYI		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STA
	2A E	Removal JNERAL DIRECTOR	6/27/85	25- 0.43	E-DEC'D BY DECICED ADJAN	DECICTORDIS SICALATRIC JAM
60M 7/B4	24 1	NAME	ADDRESS		FRECE BY RECISTRAR 256	was well acon handel
15, 4)		Anatomy	Board	Balto., Md.		a cate on the St. of State of Contraction, and State of Contraction of Contractio

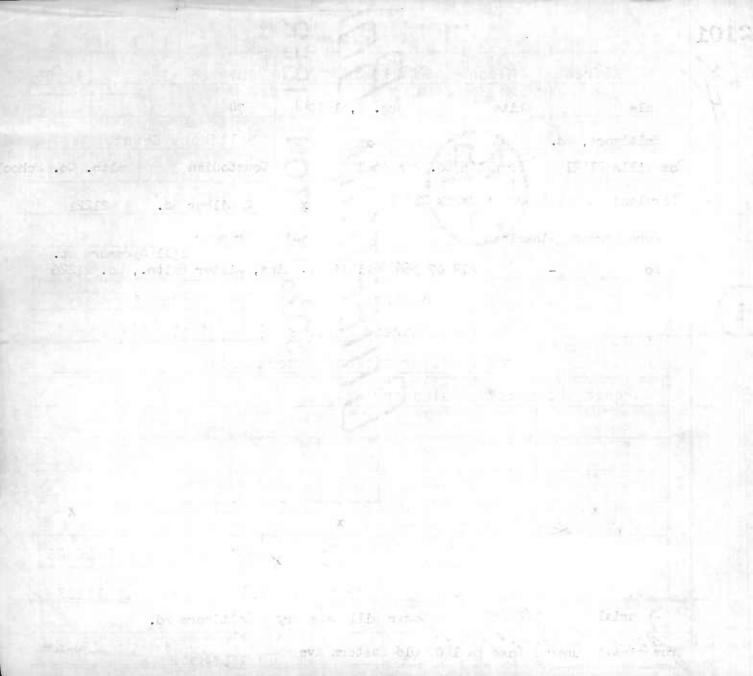


STATE OF MARYLA	AND	
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STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

212101	/	FOR STATE REGISTRAR CEASED NAME FIRST	DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 SREG. NO. 120. DATE OF DEATH MONTH D	9 0 0 2						
3 31 %		Alfred		dink1	eman	July 26, 198							
ge 4 mo	1. SE	Male	4 RACE White	5. DATE (6. AGE (INYEARS LAST BIRTHDAY) 74 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.						
T2 Sept.		RTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, Md.	MARRIED L		D NEVER MARRIED	Baltimore City or County							
offer de		SSVILLE 21221	11. NAME OF HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12g USUAL OCCUPATION	12b. KIND OF BUSINESS OR						
filler in trouble better	USU,	AL RESIDENCE (IF NURSING HOME OF ATTE ATT)	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY LINOTE 134 EITY OR TOVE LINOTE	RE ADMISSION)	134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE 2 Wilbur Rd.	21221						
mpletely and 2 st	14 FA	John Norman	windle LAST		15. MOTHER'S MAIDEN NAME Sadie	MIDDLE	LAST						
n and co		VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST		17 INFORMANT	ms, Sister Balto	Sycamore St., Md. 21226						
physical phy		PART I. DEATH WAS CAUS	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Massive Hemorrhage leading to Hypotension and Cardiac Arrest										
by the death celling of the celling		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			ic Aneurysm	(Abdominal)							
n signed Then ple To burio	NO			DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART Tro						
he low re on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	WERE FINDINGS USED VING CAUSES OF DEATH?						
SICIAN: The Page physicion. certificate has rirol-transit peental Hygiene lenn 18 shows		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ARI I OR PARI ?)						
G PHYSI ottending er this co s the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE						
TTENDIN pital or TOR: Aft for use o of Health		22a I certify that X (this hosp	n July 26. 19	July 85, o	26 , 19 85 nd that in (X) (our) opinion o	death occurred on the date and have	9.85 , that X (we) last and Iram the causes stated						
the hosp the hosp at DiREC letoched ore Dept.		22b. SIGNATURE	tun C		DEGREE 5 XVI	MEDICAR STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED 7-26-85						
TO HOSPITAL retorned by th TO FUNERAL should be dete with the Store IMPORTANT:		22d PHYSICIAN'S NAME (TYPE Dr. Satish	Khaneja M.D.		22e ABDRESS	nklin Square D	r., 21237						
PP	The !	Burial REMOVA	L 236 QATE 236		EMETERY OR CREMATORY Hill Cemetery	23d. LOCATION	COUNTY STATE						
DHMH - 16 60M 7/84	24.FI	THE PROPERTY OF	DA 1980		25a DATI	E REC'D. BY REGISTRAR 25b. REGISTR	PAR'S SIGNATURE						

DHMH - 16 60M 7/84 (VRA 15, 4)

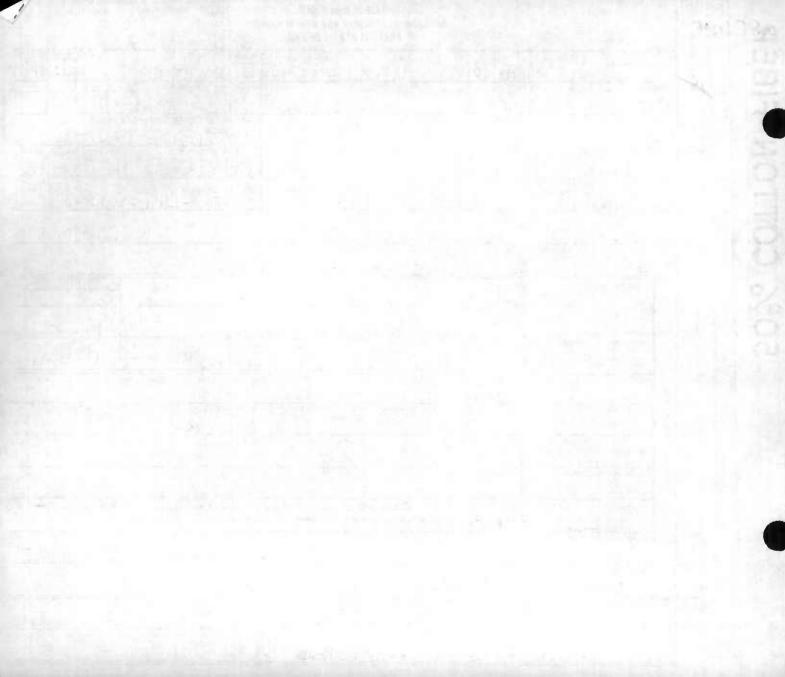


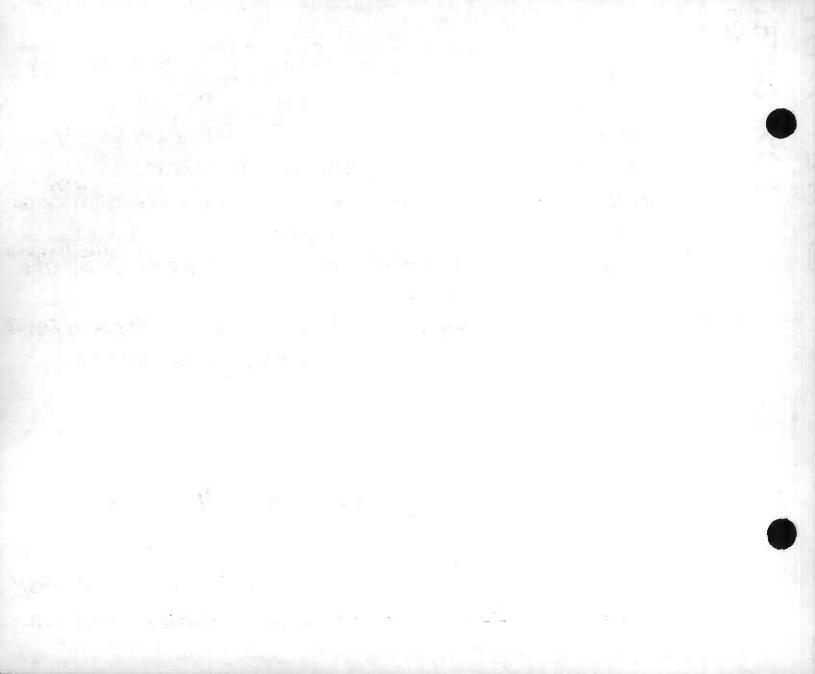
ISMORISS HARFORD ROAD

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





THE PHYSICIAN'S NAME LITTLE OF SHE

STATE OF MARYLAND

DAY

YES [

COUNTY

IF UNDER I YEAR

INDUSTRY

IF UNDER 24 HRS

17h KIND OF BUSINESS OR

NO [

, that (1) (we) last

22c DATE SIGNED

STATE

234 NAME OF CEMPTERY OR CREMATORY AL, CREMATION, REMOVAL REGISTRAP 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

22e ADDRESS

7 - 4 78 3 2 4 7 U.S.A. SELLING CO. MINERAL DESCRIPTION OF THE STANDED AVERAGE AVER JOHN TERMA KEWISTS TEST OF IN FORTH LECKING TO FIRS SICKED PEAK LESSES PELLINGEE WILLIAMS THE TANK I WELL WAS ASSESSED A TOPIC OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

								C RE	G. NO.	7	4 4 4	2 0	
	ECEASED NAME	FIR57	,	MIDDLE	L	AST		20 DATE OF DEA	H MONTH	DAY	YEAR	26 HOUR	
{T	PE OR PRINT)	Vovis	k	(. F.	Woo			Jul	y 26.	19	85	8:17	, a
						E DIDTII		& AGE IN YEARS L			DER I YEAR	-	M
3. 5	EX	1	. RACE		S. DATE C		YEAR	B AGE (IN YEARS L	SI BIRTHDAY)	MONT	_	HOURS M	AIN.
M	ale		White		11	2	1938	46	Y	RS.			
	BIRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNT	RY? 8		-				DEATH .		
	COUNTRY				MARRIE	NEVER N	ARRIED -	Rar	trmo	re C	County		
	awaii	200	U.S.A		WIDOWE		ORCED				MD.		
7 10	CITY OR TOWN OF DEA	ATH 1		HOSPITAL, NUF	RSING HOME C	R OTHER INST	ITUTION	12a USUAL OCCU			26 KIND O NDUSTRY	F BUSINESS	OR
R	ossville	143			are Hos	pital		Securit				Secui	rit
	UAL RESIDENCE (IF NURS	ING HOME OR C				Prour			7 0 000				
130	STATE	136 COUNT	Υ	13c CITY OR T		13d. INSIDE CI	TY LIMITS?	13e STREET ADDR					
M	aryland	Balti	more	Middle	River	YES 🗌	NO 🔣	3521 Da	hlia	Lane		21	122
14.	FATHER'S NAME					15 MOTHER'S	MAIDENNAA	ME					
11 -	FIRST		IDDIE	LAST			IRST	MID	STE		IAS		
-	amuel		S.	Woo			bel	,			Chi	ng	
160	WAS DECEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMAL	71	A	DDRESS				
N		(11 162, 0146	WAR OR DATES!	576-34	-8923	Audre	y H.P.	Woo		Same	as l	3e	
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	PART I. DE ATH W	H (Enter only	one cause per BY:	line for (a), (b)	and t	2	1			-	BETWEEN	ONSET AND DE	HTH
	T ANT II DE ATT	IMMEDIATE		(No	uce (ence	7				DAU	e More	1
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	100000000000000000000000000000000000000		DUE TO, O	RALA STITE	OUENCE OF	11.7	LIVE	AN					
	Conditions, if any,		(b)	Dervi	The party	1	1400	7					
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CERTIFICATION													
7 8	19a. DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY				NGS USED	
I E	non							YES TO NO	_	YES [G CAUSES	OF DEATH?	
- 12	71g. ACCIDENT WAS UNI	DEBLUMBIO (T)	21b. TIME O	E INTUIDY		Tal. HOW IN	ILIBY OSSUBB		-		J	NO []	
	OR CONTRACTOR		1100110 4	M. MONTH	DAY YEAR	ZIL HOW IN.	IURT OCCURR	ED (ENTER NATURE C	FINJURY IN ITE	M TS PART I	OR PART 2)		
4	(IF EITHER NOTIFY MEDI		Ρ.	M	19								
MEDICAL	21d INJURY OCCUR		21e PLACE		.,	211. LOCATIO	N						
X	WHILE NOT WE			REET, FACTORY OFF	ICE FARM ETC)	STREET		CITY	OR TOWN		COUNTY	STATE	E
	AT WORK AT WO	RK		0	anda				-11.				
	22a.1 certify that (1)	(this haspite	il) attended th	e deceased	Morning	1982	, 19		-29-3	2. 19_		that (I) (we)	last
	saw the decease	ed alive an_		1		nd that in (my)	aur) apinion o	death accurred an	he date and	hour and	d from the	causes stated	d
	abave, (I) (went	did) (did nat)	view the bady	after death.									
	226. SIGNATURE	/	25	. /	wo	DEGREE		*			22c. DATE	SIGNED	1
	11/12	an K	- 1/2	Mes	- 000	A	HYSICIAN	MEDICAL DIRECTOR P	STAFF TYSICIAN F		10	10.0)
	22d. PHYSICIAN'S NA	AME ITYPE OR	PRINT)	1		22e ADDRESS							
						1		1,150,50					
230	BURIAL, CREMATION,	REMOVAL	236 DATE	12	31 NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION					
	(SPECIFY)							CITY OR TO			YINU	Manage	1
B	urial		8/9/1	985	Meadow	riage		Dorse		Howa	ra	Mary.	Tdil

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, Maryland

JUL 3 0 1985 , new words Andre

STATE OF MARYLAND

DEPARTMENT	OF HE	ALTH AN	D MENTAL	HYGIENE
CE	RTIFIC	ATE O	FDEATH	5

					REG. NO		1 1
	ECEASED NAME	F#ST A	AIDULE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
1	PE OR PRINT)	larry	WOODARD		July 30	, 1985	7:43P _M
3.5	EX	4. RACE	5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER I YEAR	
K	Male	Whi	te (oet. 12,1917	67	YRS	HOURS MIN
	BIRTHPLACE (STATE OR FO COUNTRY) N. Caroli	7167	٨	MARRIED NEVER MARRIED NIVORCED	Baltimore city o	re County	MD.
1	CITY OR TOWN OF DEA	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET ADD 1 Squal	HOME OR OTHER INSTITUTION ORESSI Hospital		ON 126 KIND INDUSTRY ANCE	OF BUSINESS OR
	UAL RESIDENCE (IF NURSI STATE LEATE LAND	BELTINOTE	GIVE RESIDENCE BEFORE AD 13C CITY OR TOWN ESSEX	MISSION) 13d. INSIDE CITY LIMITS? YES NO	Ge STREET ADDRESS	ZIP CODE	ve.2122
14. F	FATHER'S NAME	MIDDLE V.O.	LAST OCENT U	15. MOTHER'S MAIDEN NA	MIDDLE		ni
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	238-14-0	Dan Lander	addre d 1700 Olo		Ave.212
	18 CAUSE OF DEATH	Enter only one couse per AS CAUSED BY	Pullmonar	y Edema	4220- 6	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
NOI	couse (a), stating underlying couse PART 2 OTHER SIGN	lost.	R AS A CONSEQUENT	CE OF	AINAL DISEASE OR CON	DITION GIVEN IN PART I	10
IIFICATION	underlying couse	IFICANT CONDITIONS CO	INTRIBUTING TO DEA		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
CAL CERTIFICATION	PART 2 OTHER SIGN	IFICANT CONDITIONS CO	DITRIBUTING TO DEA TION FOR WHICH OF FINJURY M. MONTH DAY	PERATION WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	IFICANT CONDITIONS CO IFICANT CONDITIONS CO IPID 19b. CONDITIONS CO IPID 21b. TIME O HOUR AJ ALEXAMINER) P.J ED 21b. PLACE (AL HOME STE	ONTRIBUTING TO DEA TION FOR WHICH OF FINJURY M. MONTH DAY M.	PERATION WAS PERFORMED YEAR 19 211 LOCATION	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [] IY IN ITEM 18. PART 1 OR PART 2)	INGS USED S OF DEATH?
	PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WHAT WORK 220. I certify that (the sow the decease above whe lide	IFICANT CONDITIONS CO IFICANT CONDITIONS CO IPID 19b. CONDITIONS CO IPID 21b. TIME O HOUR AJ ALEXAMINER) P.J ED 21b. PLACE (AL HOME STE	TION FOR WHICH OF FINJURY M. MONTH DAY M. MONTH DAY DE INJURY EET, FACTORY, OFFICE FARA e deceased from	PERATION WAS PERFORMED YEAR 19 A, EIC) 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 210 Our) Opinion	200 AUTOPSY? YES M NO RED (ENIER NATURE OF INJUIT CITY OR TO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES VINITEM 18 PART 1 OR PART 2) NN COUNTY 19 85 te and hour and from the	INGS USED S OF DEATH? NO STATE tho X X we lost e couses stoted
	PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTHY MEDIC 21d IN JURY OCCURR WHILE NOTHY MEDIC 22a. Certify that (6)	IPICANT CONDITIONS CO IPICANT CONDITIONS CON	TION FOR WHICH OF FINJURY M. MONTH DAY M. MONTH DAY DE INJURY EET, FACTORY, OFFICE FARA e deceased from	PERATION WAS PERFORMED YEAR 19 211 LOCATION SIREET DEGREE ALTENDING	200 AUTOPSY? YES M NO RED (ENIER NATURE OF INJUIT CITY OR TO	206. IF YES, WERE FIND IN CERTIFY ING CAUSE YES VIN ITEM 18 PART 1 OR PART 2) VIN ITEM 18 PART 1 OR PART 2) VIN 19 85 THE OND HOUSE OF THE ORDER 120. DAT	INGS USED S OF DEATH? NO STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

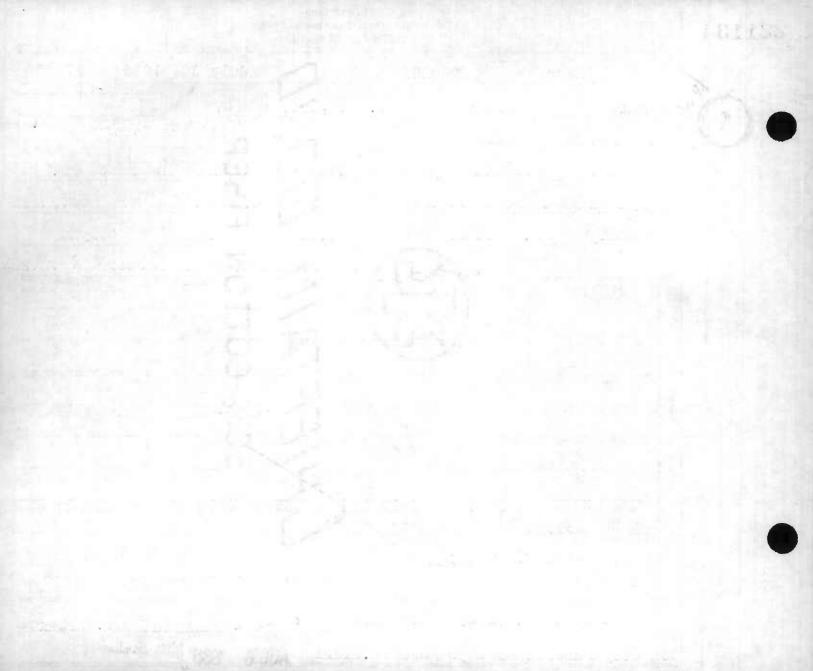
24 FUNERAL DIRECTOR Connelly Funeral Home 300 MaceAve. 21.221 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 6 1985 julia Davidson June

ATTENDING PHYSICIAN. The low BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



51	AT	E OF	MAR	YLA	ND

						SIAI	UF MAKTLAND				
2081	02		FOR		DEPARTM	MENT OF H	EALTH AND MENTAL HYG	IENE			
ANO OF		1	STATE				ICATE OF DEATH	O F2	1 /	1 3	0 0
	- 1/4		REGISTRAR			4614111	ICATE OF PEATI.	7 REG. N	0.		UO
			CEASED NAME FIRST		MIDDLE		AST	2a DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
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to of	2	N	IARYLAND	U.	S.A.	WIDOWE		BALTIMOR	F COUN	TY.	MD.
D 2 E	1		TY OR TOWN OF DEATH		700 1 0 0 1		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			OF BUSINESS OR
1	El			(IF NOT IN SU	CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O		INDUSTRY	
1	CVK	1	TOWSON	GREATE	R BALTIMOR	RE MEI	DICAL CENTER	HOUSEKEE	PER	HOI	ME
1 1	270	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION					1-10	2.	1204
1	- AL		RYLAND BALT	IMORE	13c CITY OR TOWN			13e.STREET ADDRESS	ZIP CODE		
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te te	AP)	14. FA	THER'S NAME	WIDDLE			15. MOTHER'S MAIDEN NA	-			
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or I o	E A	200						ADDRI		افتال	<u> </u>
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9 00	e l	, T	YES, NO UNKNOWN) (IF YES, GIV		219-16-7	7996	WILLIAM BUT	TTS TOWSON	I. MA	RYLANI	27204
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the second	0 2/4	CERTIFICATION	19a, DATE OF OPERATION	TIGH CONF	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Tonk IE YES	WERE FINDI	NGSTISED
lov lov	000	0	THE DATE OF CHARLES	178 00110	THOIT I ON THINE!	O' CICALIO	TO THE OWNER	700 NOTO 1011	IN CERTIFY	ING CAUSES	OF DEATH?
he ho	o e	Ē						YES NO	YES		NO 🗌
rsic T	Hygh 8 sh	1 8	210. ACCIDENT WAS UNDERLYING	21b. TIME			21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PA	RT OR PART 2]	
Phy Phy			OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH DA	Y YEAR					
S G G	Hem 4	0	(IF EITHER NOTIFY MEDICAL EXAMINER	R) F	.M.	19					
HY Popular Pop	× 5	MEDICAL	214 INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TO	SA/AI	COUNTY	STATE
the the	Du Po	Z	WHILE NOT WHILE	(AT HOME S	REET, FACTORY, OFFICE, FA	ARM, ETC }	SIREET	CITORIO	****	200(41)	31416
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2 0 0	s E		22a. L certify that (1) (this hospi				19.85		. 1	9 85	that (I) (we) lost
at of a	21		sow the deceosed alive on above, (I) (we) (did) (did no	-7/18	19_{	35 <u> </u>	d that in (my) (our) opinion of	deoth occurred on the d	ote and hour	and from the	couses stated
A Nosp	E = E	100	22b. SIGNATURE	of I view the bod	offer death.		DEGREE			22c DATE	SIGNED
OR OR	# H		7600	TOO	2 2		ATTENDANCE	MEDICAL STA	· c	THE DATE	010
A + A			+hullis N	· the	LAS		PHYSICIAN [DIRECTOR PHYSIC		17/	10/85
HOSPITAL ined by the FUNERAL	St. St.	1	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS				
o e d	the ORT		PHILLIP N.	DHILLI	DC M D		GRMC - 670	01 N. CHARL	FC ST	21204	
eto:n	With the Sto		FILLETE M.	1111777	J, 11.D.		UDI-10 - 070	TI N. CHAKE	LJ J1.	21204	
7 5 1 2	3 5	23a E	URIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP			BURIAL	TITT SE	00 .01	TO DET	A NUTTURE CTUE A	CITY OR TOWN	ADD.	COUNTY	STATE
DP		01.5		POTI	62. 85 N	TOKET		RK BALTIN			(ID
DHMH - 16	60M 7/B4	24 F	JNERAL DIRECTOR		ADDRESS		25a DATI	E REC D. BY REGISTRAR	256 REGISTR	AR'S SIGNA	URE
(VRA 1:		WT	LLIAM E. JOH	NSONA	21 TOCH	DATE	THE PLANT	11 7 6 2000	海流	· · · · ·	TI 9,000 .
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ENDING PHYSICIAN: The

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STATE OF MARYLAND

34	- STATE REGISTRAR			DEPAKIA		CATE OF DE		Ph 100			0 0
0	DECEASED NAME	Frank	М	MODLE	LA Ta7no	si d or b +		20. DATE OF DEA	G. NO.	DAY YEAR	76 HOUR
X				G.		ight			7	10 85	M
./	Male Male	4 R	White	5	S DATE OF	1 1 9	05	6. AGE (IN YEARS L	AST BIRTHDAY[MONIHS DAYS	HOURS MIN.
40	70. BIRTHPLACE (STATE O	REOREIGN 76 (USA	VHAT COUNTRY?	MARRIED WIDOWED	NEVER MA	ARRIED ORCED	9 BALTIMORE C Balt		County	У мп
Ded Control	Cockeysvi			OSPITAL, NURSIN HEACILITY GIVE STREET NOTICES			UTION	120 USUAL OCCI	OST OF WORKIN	G LIFE) INDUSTRY	of Business or
musi be	USUAL RESIDENCE (IF NU 130 STATE Maryland		ER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CIT	Y LIMITS?	13e STREET ADDR	ESS / ZIP CO	ODE	
80	14 FATHER'S NAME FIRST Edwin	MIDD	LE	Wrigh		IS MOTHER'S /	MAIDEN NAA	ME	DLE	Mani	ning
/sedcol	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED		216-10-		Mrs.		30 / Le Wrigh		ockeys #A Kno	•
overt, the	18 CAUSE OF DEA PART I. DEATH	TH (Enter only o WAS CAUSED BY IMMEDIATE C	ri i	metas	tati	e ble	idde	2 Can	en	APPROX BETWEEN	ONSET AND DEATH
njury, ar other traum	Conditions, if on gove rise to in couse to, stol underlying cou	nmediate ing the se lost	(c)	RAS A CONSEQUE		NOT RELATED T	O THE TERM	1	CONDITION	GIVEN IN PART 1	0
49	190 DATE OF OPER	ATION)	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY	IN CE	YES, WERE FINDI RTIFYING CAUSES YES [
18 st	OR COLUMNIA TO T	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DA	AY YEAR	21c HOW INJU	JRY OCCURR	RED (ENTER NATURE C	F INJURY IN ITEM	TS PART (OR PART 2)	
rked or	THE STIMER NOTIFY ME 21d INJURY OCCU WHILE NOT NOT WAT WORK AT WORK	VHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE F	ARM ETC)	21f LOCATION	4	CITY	OR TOWN	COUNTY	STATE
21 is mo	220.1 certify that (sow the deco	l) (this hospital)					19 our) opinion o	deoth occurred an	the dote and		that (I) (we) lost
IT. If Item	22b. SIGNATURE	Koser	Me		N		TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []		12-85
IMPORTANT. IF		nan Ros	enblu	am, M.D.			Osle	te 105 Drive,		on 2120	04
	230 BURIAL, CREMATION (SPECIFY) Buria: 24 FUNERAL DIRECTOR	REMOVAL 2	3b. DATE 7-13-			METERY OR CR	ey Ce	23d. LOCATION CITY OR TO TIE	noniur	n Balto	

DHMH - 16 60M 7/84 (VRA 15, 4)

Bryan W. Clary 10 W. Padonia Rd. 21093

SERVICE TO THE STREET SET THE REPORT OF THE PROPERTY OF THE PARTY.

Lowell Lemmon Padonia & York Rds.

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Sia Savidron-Randall

DHMH - 16 50M 4/82

(VRA 15, 4)

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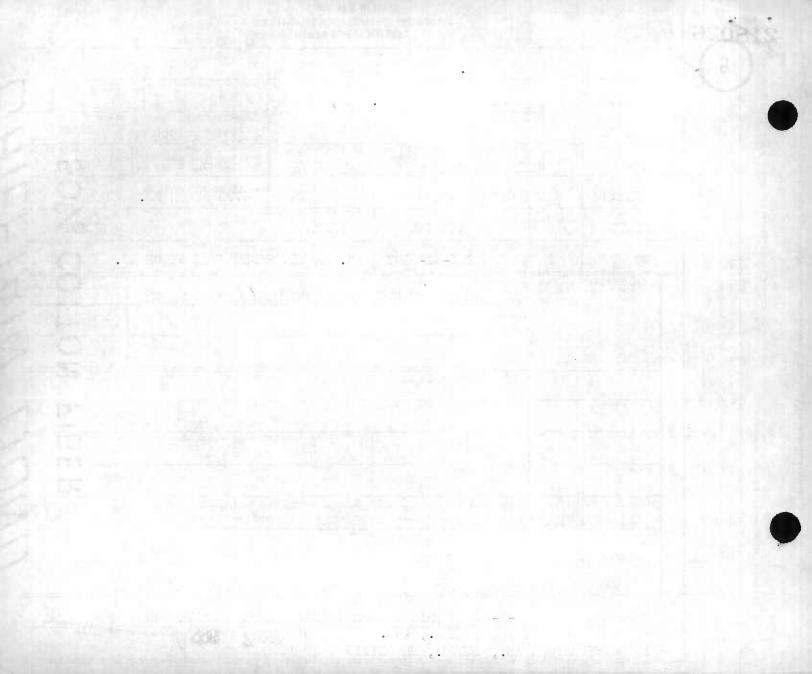
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1.	- STATE			DEPART		EALTH AND M		IENE					A 2000
	REGISTRAR				CERTIF	ICATE OF DI	ATH	8	S REG.	NO.	9	0	1 3
I DE	CEASED NAME	FIRST		MIDDLE	l.	AST		20. DAT	E OF DEATH	MONTH	DAY	YEAR	26 HQUR
		HELEN I.					ZABEN 07						8:47A M
3. SE	Х		4 RACE		5 DATE C			6 AGE	(IN YEARS LAST	BIRTHDAY	IF U	NDER I YEAR	
-	FEMALE		WHIT	E	DEC	13,	1936		48	Y	RS.	IHS DAYS	HOURS MIN.
7a. B	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED XX NEVER MA							9 BALT	IMORE CITY	OR COL	INTY OF	DEATH	
	MARYLA	ND.	Ü	ISA	WIDOWE		ORCED	BAL	TIMORE	E COU	INTY,		MD
	ITY OR TOWN OF D			HOSPITAL, NURSIN		OR OTHER INSTI	TUTION		JAL OCCUPA		INIC LIEE	12b. KIND C	OF BUSINESS OR
	TOWSON GREATER BALTIMORE MEDICAL CENTER HOUSEWIFE								NO (IFE)	AT AT	HOME		
130	AL RESIDENCE (IF NI STATE MARYLAND		LTIMORE	BALTIMO		134 INSIDE CIT	Y LIMITS?	13e.STRI	793 BY	R6N° f	RDE	#212	08
14 F	ATHER'S NAME					15 MOTHER'S		WE					
	WILLIAM		MIDDLE	KARMIO	L	FLOF	ξÄ.		MIDDLE			WISE	MAN
16a \	WAS DECEASED EVI			166 SOCIAL SECU		17 INFORMAN				DRESS			
	YES NO RUNKNOWN	(IF YES, GI	E WAR OR DATES	213-32-	9502	MR. MA	RTIN Z	ZABEN	N 4793	BYRO	ON RI	D. #	21208
	18 CAUSE OF DEA	ATH (Enter or	ly one couse per	line for 10), (b), on	dicti							APPROX	CIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH		D BY: TE CAUSE (o)	BREAST C	ANCER	A HTIW S	BDOMIN	ALCA	RCINO	MATOS	SIS		
				R AS A CONSEQUE					1				
	Conditions, if or	ny, which	(1b)_	N AS A CONSEQUE	.INCE OI							+ 0	
	gove rise to i)	R AS A CONSEQUE	NCE OF				- 34				749
	underlying cou	se lost.	(c)	. AS A CONSEQUE									
	PART 2 OTHER ST	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	O THE TERMI	INAL DIS	EASE OR CO	ONDITION	GIVEN	IN PART 1	0
0 N	THE PARTY												
CERTIFICATION	190 DATE OF OPER	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a A	AUTOPSY?	20b. I	FYES, W	ERE FINDI	NGS USED S OF DEATH?
TIE								YES [NOX		YES [NO [
S. S.	210 ACCIDENT WAS L	_	216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c HOW INJ	URY OCCURR	ED (ENT	ER NATURE OF IN	NJURY IN ITEM	M 18 PART	ORPART 2)	15151
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DHMH - 16 60M 7/B4 (VRA 15, 4) 74 FUNERALDIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD., BALTO., MD 21215

DATE REGO BY RESIDENCE STRARTS SIGNATOR



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230 BURIAL, CREMATION, REMOVAL

Funeral Home

23c NAME OF CEMETERY OR CREMATORY 7/26/85 Holly Hill Memorial Gardens Own

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ATTENDING

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22c DATE SIGNED

26 HOURS

12b. KIND OF BUSINESS OR

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250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1407 Old Eastern Ave | | | 25

DIRECTOR PHYSICIAN

STAFF

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